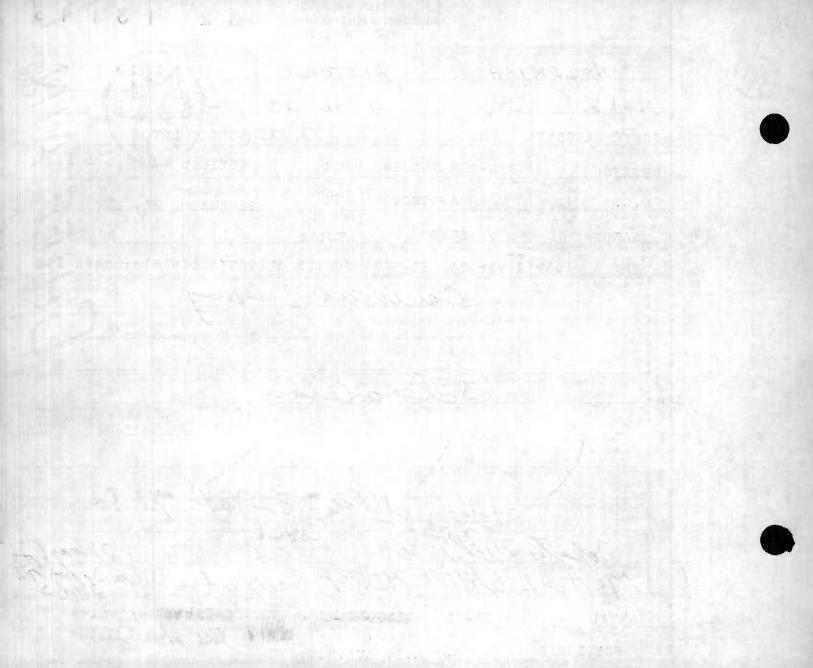


- STATE

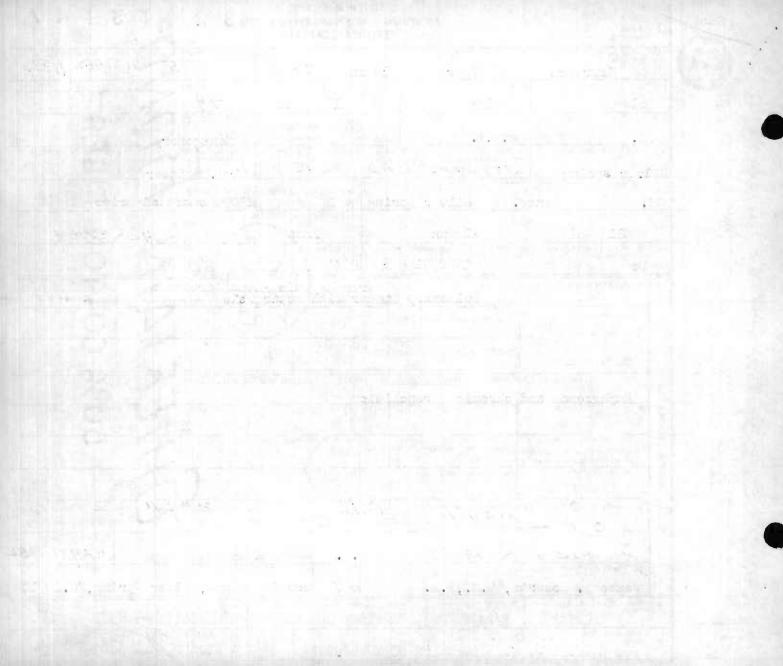
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MINERAL PROPERTY OF THE PROPER A STATE OF THE PARTY OF THE PAR . W. Company of the c Legalization of the control of the c grained on the but our will derive one Subband, P.O. Co., threshold THE STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY.



								MARYLAND			7 1 1	6
20		1-	FOR STATE					HAND MENTAL I	O 0.		3 1 4	•
0			REGISTRAR	FIRST	74121	MIDDLE	AMINER 3	LAST		REG. NO		AR 7h HOUR
	delegan.		OR PRINT)	VATHA	1 h	E16-14	AL	TMAN		F ESTI-	5-18.5	7 303
44	E TOWN	3. SEX		1. RACE	5. DATE OF BIRTH	6. A	GE (IN YEARS IF U		24 HRS. 2c. [ATE	MONTH DAY Y	EAR 2d HOUR
8	を表し	1	VI	CAUC	7 26	SZ Z	YRS.	HS DAYS HOURS	MIN PRON	OUNCED EAD	5 18 191	8230×
113	ZWIM/W	7a. BII	RTHPLACE (ST	ATE OR	76. CITIZEN OF WI	AT COUNTRY?	B. MARE	IED NEVER MARK	IED 7. BA	LTIMORE CITY O	R COUNTY OF DEAT	н
- S	5 × × ×	N	IEW YOR		U.S.A.		WIDOV	VED DIVOR		6NT60	MERY	MD.
<u>v</u>	PAGE (FILED)	-	TY OR TOWN		11. NAME OF HOS		G HOME, OR OTH	HER INSTITUTION	120. USUAL OF	WORKING LIFE)	OR IND	
<u> </u>	100 m W		OCKUP-		SHADY	GROU	E MAN	ENTIST	System	s Analys	t Comsa	t
21201 ANY	S.1, 2, AND 3 TO PM 3. RETAIN PA ND 2 SHOULD BE VITAL RECORDS.	13a. S1	L RESIDENCE	NUL COU		113c CITY OR T	OWN	134 INSIDE CITY CIMITS?	STREET AL	DRESS	on Cidmor	KA
). 21	SHORE SHOW		THER'S NAME		IFRD	Cohun	HEIA	YES NO	13 33	MUIN	WCAMP	KD
MD.	SEST,) FA	Stanl		Frank	Altm	2.0	Gladys	ENNAME	P.	Phill	ina
NOR	38 ₹ ₹ 6	16a. W		EVER IN U.S. A		-	ECURITY NO.	17 INFORMANT	943	TANGES	Camp Road	ips
BALTIMORE,	GIVE PA GIVE PA ITH FOR PAGES 1 IVISION	(YE	S, NO, OR UNKNO	WN) (IF YES, GIV	/E WAR OR DATES)	105-40		Shing-Me:	i Jocely	n Altman	; Columbia	, Md.
: 0	WIT WE		18 CAUSEO	F DEATH (Enter o	anly ane couse per line						APPROXI	MATE INTERVAL
TSN	ERWI ENE,		PARTIDE	ATH WAS CAUS	ED BY: ATE CAUSE (a)	mo	LTIPE	E	RHUM	11+	BETWEEN	NASEL AND DEATH
PRESTON	A T A L C A	2	814	7	DUE TO, OR	AS A CONSEQ	UENCE OF	1				
a. 5	NER TAL H	-	gave ris	ns, if any, whice se to immediat	te (b)			M613116				000
201 W	WEN TO SEE	1	lying cau	stating the <u>unde</u> se last.	DUE TO, OR	AS A CONSEQ	UENCE OF				1410	
· 7	RD "ECULO EX EXCUED WITHIN 4" A TOO TO THE RD "ECULO" IN PENCIL IN TEM 18. GIVE PARTHEF MEDICAL EXAMINER ALONG WITH FOR USED AS A BURAL - TRANSIT PERMIT. PAGES 1 OF HEATH AND MENTAL HYGIENE, DIVISION IRIAL, CREMATION, OR REMOVAL.		PART 2 DINER CH	GNIFICANT CONDITION	(c)	BILL NUT BELVIEU IL	THE TERMINAL DICEA	SE DR CONDITION GIVEN IN P.	LOT 1			
RECORDS	SAB SEMA	Z	TAKE L DINEK JA	ONIT CANT CONDITION	CONTRIBUTING TO DEATH	DOL WOL KETALED IF	THE TERMINAL DISEA	SC DR CDADITIDA GIVEN IN F	AKI 1 (Q).			
REC	HEALEN WEN	CERTIFICATION	190. DATE OF	OPERATION	196 CONDI	TION FOR WHIC	H OPERATION V	VAS PERFORMED?			2D AUTO	PSY?
IAI	E SERVICE AND A	FIE	5/18	ffe	CRUS	HED	CHEST	- TUBE	19		YES	O NO D
0 P V	NEW CORNE	CER		CAUSE WAS	21b. TIME OF	INJURY	21c. H	OW INJURY OCCURR	ED (ENTER NATURE	OF INJURY IN ITEM 18 P	ART 1 OR PART 2)	
2 (E COLOR O	143	UNDERLYING CONTRIBUTIN	NG LI CAUSE OF	F DEATH P.M	5 18	1952 0	AR CROSS	ED M	IDLINE	AND HI	F HM
IVISIO	PRINCE I	MEDICAL	21d. INJURY C	NOT WHILE	21e PLACE (OF INJURY (AT	HOME, 211 LC	STREET *	CITY	OR TOWN	COUNTY	STATE
۵ یا	ME, WRITING THE WORD, THE WARD THE WARD THE WARD THE CHIEF ME, PAGE 3 SHOULD BE USED A ESTATE DEPARTMENT OF HEAD DO. 21201 PRIOR TO BURIAL, CO		AT WORK	AT WORK	57776	ET	Ro	UTE 118	GEY	MAN DU	ia Modi.	MID
	E CERTIFICATE, OULD BE FORV THE SI H, WITH THE SI MARY(AND),		220. I certif	fy that I took cho	rge of the remains des	cribed obave, h	eld Auto	osy . Inspectio	an inc	uiry , an	d in my opinian	
	MENDE NO		death resulte	ed from Nat	urtil couses	Accident 4	, Suicide _	, Hamicide .	Undetermine	ed monner,		-100
	A V B C B		ACTUAL	1-	(11)	14/11	wis	TITLE (SPECIFY)	_		DATE T	12/25
	TETHECERT 4 SHOULD B NERAL DIRE DEATH, WITH		SIGNATURE	quince	eerin	-414	,	A.D	MEDICAL E	XAMINER	SIGNED	0514
	EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH BAUTIMORE,		EXAMINER'S		RANCIS (MA	THE	ADDRESS 8300	11,500	WSjal Fil	VEFETH.	ESSAIN
	DAR DER	23a. B	JRIAL, CREMA	TION, REMOVAL			OF CEMETERY		23d. LOCATION	ON .	COUNTY	STATE
	BP		Bur		5-20-82	Bal	timore H	ebrew Cem.	Reis	terstown	, Maryland	JAN TON
	DHMH - 17	24. FU	NERAL DIREC	TOR II/U	APPORESS	PIKE;RC	ckville,	MG . 250. DATE	NEC'D. BY REGI	STRAR PAGE	ALL CHONATURE	Wer
(VR A15 ME (5)) 15M 2/80		van	egli ne	Ky 2 70	Coll	9	OFIZ	116 - 1	107	01	

0 - 0 STORTER STATE STATES 10 Chec 7 2657 29 Margaret Survey Green March 122 and The Survey Company The state of the second of the second of the THE THE THE CONTRACTOR MADERNESS AND THE WAT THE AND THE WAS ALL TO STATE OF THE PERSON. Edistances Allendelies Fitte Filmens P. Florent Star Warren File Ferillaring The state of the state of the state of



Page 4 may be

1.	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYG	REG. N	10.	3 1	4 1
	CEASED NAME	rgette	Marie		AMES	20. DATE OF DEATH	MONTH D	S S &	2h HOUR
3. SE	Femal	4 RACE	casion	5. DATE O	H DAY YEAR	6 AGE IN YEARS LAST BE	YRS.	IF UNDER ! YEAR	HOURS I
1	IRTHPLACE ISTATE OR FOR COUNTRY) Maryland	U. S.		WIDOWE		9 BALTIMORE CITY O			
	Rockville	1122	22 Empire	Lane	DR OTHER INSTITUTION	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Homemaker	OF WORKING LIFE	126 KIND C INDUSTRY OW	n Home
Ma	ryland N	s home or other institution by County fontgomery	Rockvil	V	13d. INSIDE CITY LIMITS? YES NOT	13e SIREET ADDRESS 11222 Em	pire L	ane	
	Anthony	WIDDLE	LAST Canova		15. MOTHER'S MAIDEN NA Georgetta	WE	P	reto LA	51
- (WAS DECEASED EVER IN (YES, NO OR UNKNOWN) NO	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	213-32-1		F. Peasson	Ames , Same		3e	
CERTIFICATION	Conditions, if any, v gove rise to imme- cause [o], stating underlying cause PART 2 OTHER SIGNIF	diote the DUE TO, O Idst (c)	Pier Mi	EATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	NIN AL DISEASE OR CON 200 AUTOPSY?	20b. IF YES,	WERE FINDI	NGS USED
	21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAL	SE OF DEATH HOUR A.		Y YEAR	21c. HOW INJURY OCCURE	YES NO	Y€S		NO 🗍
MEDICAL	21d INJURY OCCURRED	21e PLACE			211 EOCATION STREET	CITY OR TO	IWN	COUNTY	STAT
	22a I certify that (I) (the saw the deceased abave, (I) (the (did 22b. SIGNATURE	opinion attended the	e deceased from		nd that in (my) (Companion of	death occurred on the d	ate and hour		
	22d. PHYSICIAN'S NAM	E (TYPE OR PRINT)	auber		ATTENDING PHYSICIAN [MEDICAL STA	CIAN	5-2	28-85
23a. E	BURIAL, CREMATION, RE (SPECIFY) Burial	MOVAL 23b. DATE 5-31-			emetery or crematory d Memorial	23d. LOCATION CITY OF TOWN Parkvi	lle, Ba	county	Marul
	UNERAL DIRECTOR NAME CK Towson F	uneral Home	ADDRESS	1050	York Rd. 250. DAT	E REC'D. BY REGISTRAR			The

STATE OF MARYLAND

DHMH - 16 50M 1/8 (VRA 15, 4)

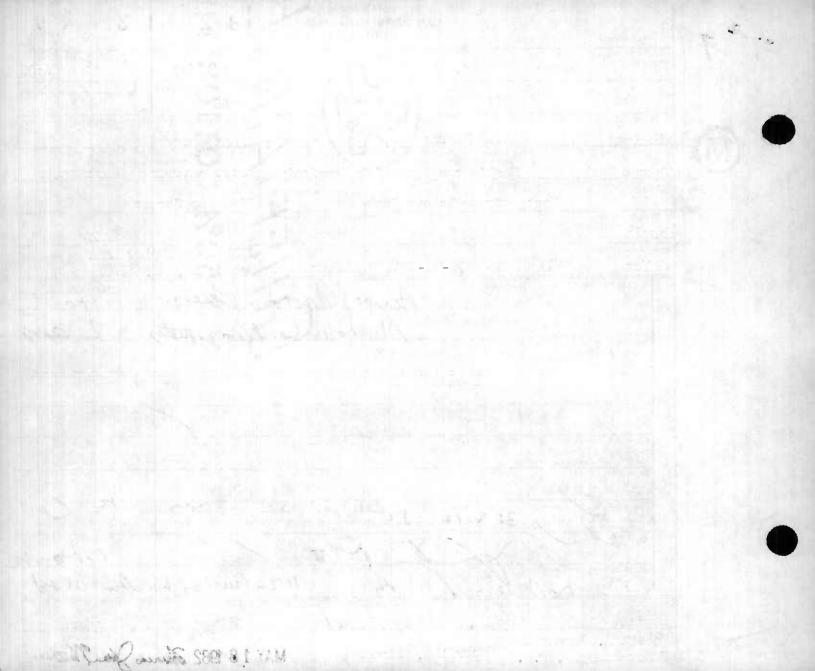
BP.

TO FUNERAL DIRECTOR: After this certificate has bee should be detached for use as the burial-transit permit, with the State Dept. of Health and Mental Hygiene prian

ATTENDING PHYSICIAN: The

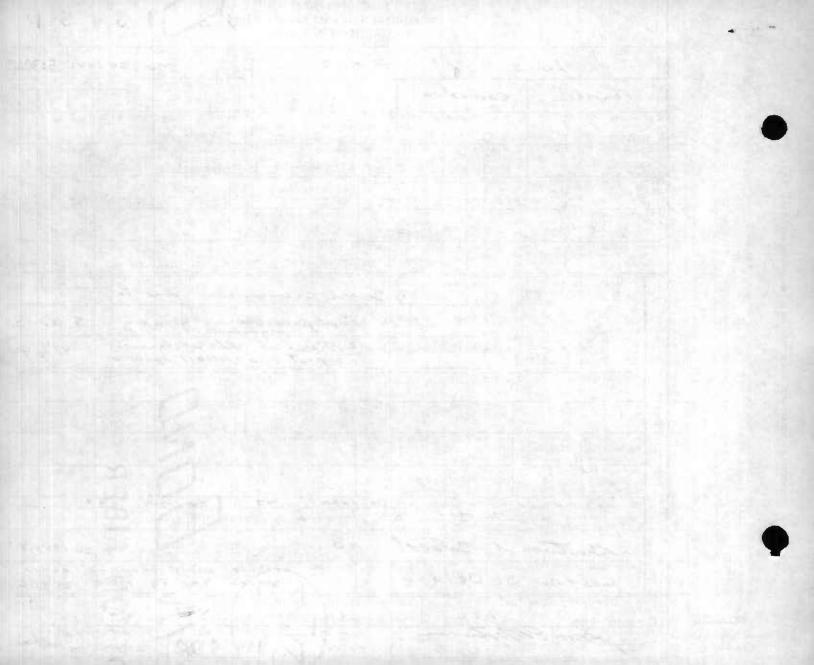
TO HOSPITAL OR

2074 See Starte See The server of the server of mental to muse and the second of who



X		1	FOR STATE REGISTRAR		DEPART	MENT OF HI	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	GIENB ³	2 I	3 1	5 0
* m.t			CEASED NAME THEST		HIBOLE	1	il.	2s. DATE O	The state of the s		75. HOUR 240
de o o	-		7 ay/0		rry /	4miss			5	30 82	0 4.
1		1. SE	M	4 RACE	au	S DATE OF	22 05	6 AGE DHY	76	MONTHS DAYS	
£ (10 kg)	8:	18.8	ETHPLACE STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIED	☐ NEVER MARRIED ☐		RECITY OR COL	UNTY OF DEATH	
d - d - d - d - d - d - d - d - d - d -	90	10.0	TY OR TOWN OF DEATH?		JCH FACILITY, GIVE STREET	NG HOME OF	OTHER INSTITUTION	12s. USUAL (TYPE OF WOR	DECUPATION	126 KIND INDUSTRY	
hours of in by differ life	20	U5U.	AL RESIDENCE IF MORSHIGHIGHED		M4.5 WED H. OFF BUDDINGS BEFOR MIL CITY OF TOW	E ADMISSION)	Id. INSIDE CITY LIMITS?	134 STREET			s Manag
The Park	9	14. 77	Maryland 1	16.	Loure	/	YES NO NO S. MOTHER'S MAIDEN N	85/	unreleve u	1	er Dr
1 11/1	60	144 1	Harry VAS DECEASED EVER IN U.S. A	T.	Amiss	IBITY NO.	Ethel		ANDRESS	Huffma	in
n and	2			# WAR CH DATES	578 07	8393	W. Leveta V	Crain	V- SUAM	of Dr. #1	20877
requires that the de en ugned by the art in Their please remove or to buildi, coemida winders, as other tran-		TION	Conditions, if any, which gave rise to immediate cover (a), storing the inderlying course lost. PART 2 OTHER SIGNIFICANT	CONDITIONS (DEATH BUT N		SOCIETY STATES		N GIVEN IN PART I	
The fore ion of permit	2	RTIFICATION	14s DATE OF OPERATION		DITION FOR WHICH	OPERATION		YES 🗀	NOX INC	IF YES, WERE FIND ERTIFYING CAUSE YES []	NO [
CLAN 9 physical enthical col from stell fry em 18 s	9	CAL CERTI	21s. ACCIDENT WAS UNDERLYING. [OR CONTRIBUTING. [] CAUSE OF DE (IF ETHER, NOTHY MEDICAL EXAMINER	ATH HOUR A	OF INJURY I.M. MONTH D.	AY YEAR	311 HOW INJURY OCCU	RRED (SHITEE)	TURNES PRINTED TO	M TR. PART T OR PART 2)	
O PHYS otherdia or the ord Me hed or h		MEDIC	214 NJURY OCCURRED WHILE ALWORK ALWORK		OF INJURY	TARM, ETC.)	III LOCATION	/	CITY ON TOWN	COUNTY	STATE
DR ATTENDER haupted or DRECTOR, At ched for use a sept of Health			27a.1 certify that I (this hosp taw the debased alive or above, if we included in 27b. SIGNAPURE		the deserved from	70/	Maryn Imyl (gor apidior				that ([Left] last in causes stated SIGN(t)
HOSPITAL C med by the FUNERAL D wid be detect to the State D ORTANT, III	2	1	224 PHYSICIANES NAME THE	ACI Report	200	1-111	ATTENDING PHYSICIAN ATTENDED	MEDICAL	PHYSICIAN [6000-	30/12
HO HOUR	1		7005 0	c /1/	TICO,	4/16	100100	Magi	1H/1	HIVA.	m/
BP			Burial Eremation, REMOVAL	6/2/			t Hill Com.		nt Roya	1. Virgi	nia
DHMH - 16 50M 7/77 (VR A 15 (4))		250	NERAL DIRECTOR LEV	mi	Jerme	Pont 6	304	REC'D. BY	382 PAR	CHISTOANSICAG	

				\'I==I'	504	
perpen enter	Analis I					
10 mlsy	105 7 201		7.50			
new re			3 1		T	And the
	Tallian I					
51/15				1111		
NA PL				THU		
eining,	Liver these	112- j.	dequat i	541513	1	nerol
SEAS IS NO	SEE 197	level, leve	R duna I		時計号	-tungul



11/	TOR STATE REGISTRAR	D		CATE OF DEATH	IENE 8 2	131	5 4
be age 3	I. DECEASED NAME FIRST Joh.	n S.	Anas tas i	ST	20 DATE OF DEATH MO	NITH DAY YEAR 1982	7 · 20p
ge 4 may ectar. pa ors after d	3. SEX male	4. RACE white	5. DATE OF MONTH	F BIRTH 12. 1923	6 AGE (IN YEARS LAST BIRTHO	MONTHS DATS	IF UNDER 24 HRS HOURS MIN.
od . Ho	PENNSYLVANIA	76. CITIZEN OF WHAT COL	JNTRY? 8. MARRIE WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR O Montgomery		***
S offer de	Silver Spring Md	11. NAME OF HOSPITAL,	NURSING HOME OF	ROTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W BRICK MASO	VORKING LIFE) INDUSTRY	DF BUSINESS OR
MARY AND 2120 Interpreted filled in and 2 should be it		JNTY 13c. CITY C			13e STREET ADDRESS 7429 9TH		
completely 1 and 2 si	14. FATHER'S NAME PLACIT		VASTAS I	15 MOTHER'S MAIDEN NAM FIRST THERESA	WIDDLE	REGGI	šī .
an and c	(YES, NO OR UNKNOWN) (IF YES, C	IVE WAR OR DATES)	26-9935	MARY T. ANAS	STASI SAME	AS 13	WIFE
S. 201 W. PRESTON ST., B M. A.	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A COI	p. retory F NSEQUENCE OF NSEQUENCE OF	NOT RELATED TO THE TERMI	INAL DISEASE OR CONDIT		IMATE INTERVAL ONSET AND DEATH
VISION OF VITAL RECORDS, BY SHEAR The low require othis certificate has been sig is the burial-transit permit. There and Mental Hygene prior to b ked or Item 18 shows any injury	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR	WHICH OPERATION	WAS PERFORMED	200 AUTOPSY? 2	ROB. IF YES, WERE FINDING CAUSES YES	NGS USED S OF DEATH?
N OF VITA In physicia certificate crial-transiti entol Hygin tem 18 sh	OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCURR			
ottendi ottendi otter this os the bu	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY,	OFFICE, FARM, ETC }	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ALOR ATTENDING the hospitol or the hospitol or ALURECTOR: A letoched for use a retopen; of Healing T; if them 21 is mo	220.1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did) 22b. SIGNATURE	oital) ottended the deceased	19 <u>P2</u> , and	d that in (m) (aur) apinion d EGREE ATTENDING PHYSICIAN	death occurred on the date	ond hour and from the	
TO HOSPIT. TO FUNER, should be dishould be		mer mo		270 ADDRESS 4701 Road	slet Rd, Rac	tulla In	٨
BP	230. BURIAL, CREMATIÓN, REMOVA (SPECIFY) BURIAL	5/8/82	FT. LI	METERY OR CREMATORY NCOLN	23d LOCATION CITY OF TOWN BRENTWOOD	PRI GEO	STATE MD.
DHMH - 16 50M 1/81 (VRA 15, 4)		ICIS J. COLLIN	IS.		Y 13 1982		

71 10 1	-	FOR		DEDADTMENT OF HEA	LTH AND MENTAL HYGIE	Oc () 1 7	7 1 5 7
	1-	STATE REGISTRAR	ME		S CERTIFICATE OF DE) 2 3
	I. DE	CEASED NAME E OR PRINT)	FIRST	MIDDLE /	LAST /	20. DATE KNOWN MON	TH DAY YEAR 21 HOUR
REET N	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS)	FUNDER 1 YR. IF UNDER 24 HRS	DEATH MATED MAN	THE DAY YEAR 24 HOUR
CESSAR CESSAR COR 100- COR 100- COR 100- CESTON STRE		Made W	liters n &	YEAR LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.	PRONOUNCED DEAD DEAD	13 10 89
MITHIN PRESTO	7a. B1	RTHPLACE (STATE OR REIGN COUNTRY)	7b. CITIZEN OF V	HAT COUNTRY? 8. M	ARRIED NEVER MARRIED	9. BALTIMORE CITY OR COL	UNTY OF DEATH
SAN SAN T		Washingto		WIE	DOWED DIVORCED	Mon	Dgomer sino.
PELAY IS NE TO THE FUE OF SOI W.		RESIDENCE (IF IN NUM	aten 410	ACILITY, GIVE STREET ADDRESS)		SUAL OCCUPATION (TYPE OF WOI R MOST OF WORKING LIFE) retired U.	S Gov t.
第 冬季語点部2つ	13a. S	Md !	ING HOME OR OTHER INSTITUTION, OF	13c CITY OR TOWN	OL YESTO NO 1 42	REET ADDRESS	den St.
BALTIMORE, MD S AFTER DEATH GIVE PAGES 1, PITH FORM PM PAGES 1 AND 28 PAGES 1 AND	14. FA	THER'S NAME John	PMIDDLE	Appleman	15. MOTHER'S MAIDEN NAM	AE MIDDLE	Zentmeyer
PAG ORA ON O	16a. V		V U.S. ARMED FORCES?	166. SOCIAL SECURITY NO			vy Chase, Md.
S AFT S AFT GIVE ITH F PAGE IVISIC			(Enter only one couse per lin	215-34-3024	Nancy A. Eyn	on 7505 Brook	ville Rd.
L RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH "PENDING" IN PENCIL IN 11EM 18. GIVE PAGES 1, F. MEDICAL EXAMINER ALONG WITH FORM PM. BE AS BURIAL - TRANSIT PERMIT. PAGES 1 AND 28. BE AS BURIAL - TRANSIT PERMIT. PAGES 1 AND 28. LL. CREMATION, OR REMOVAL.	z	gave rise to in cause (o) stating to lying cause lost. PART 2 DINER SIGNIFICANT	he <u>under-</u> DUE TO, O (c)	R AS A CONSEQUENCE OF	ISEASE DR CONDITION GIVEN IN PART 1 (a).		
RECO IID BE PENDI PENDI D AS A HEALTH	CERTIFICATION	19a. DATE OF OPERAT	ION 19b. COND	ITION FOR WHICH OPERATIO	N WAS PERFORMED?		20 AUTOPSY?
SHOULD SH	TIFIC	No	ne				YES NO-BO
THE WC THE WC DUID BE STAKEN		210. EXTERNAL CAUSE UNDERLYING OC CONTRIBUTING C	WAS 21b. TIME C HOUR A.	M. MONTH DAY YEAR	C. HOW INJURY OCCURRED (ENTER	R NATURE OF INJURY IN ITEM 18 PART 1 OF	
R: THIS GERTIFICATE SHOULD TIE, WRITING THE WORD "PEI DRWARDED TO THE CHIEF W R: PAGE 3 SHOULD BE USED A E STATE DEPARTMENT OF HEA E), 21201 PRIOR TO BURIAL, OF	MEDICAL	21d. INJURY OCCURRE WHILE NOT W AT WORK AT WO	D 21e PLACE STREET, FA		LOCATION STREET	CITY OR TOWN	COUNTY STATE
INER: T ICATE, FORW TOR: P THE ST AND, 2			aok charge of the remains de		utapsy , Inspection	Inquiry , and in my	y opinion
XAM XAM EERTIF ED BE WITH WITH ARYL		death resulted from:	Natural causes	Accident Suicide	TITLE,(SPECIFY)	etermined monner,	
ALE OF HOUSE, W. F. F. F. F. F. W. F. F. F. F. W. F. F. F. W. F. F. F. W. F. F. F. W. F. F. F. F. W. F.		SIGNATURE	The state of	Spens,	F 1	DICAL EXAMINER SIG	11=y/3,19F1
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PR AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		EXAMINER'S NAME (TYPE OR PRINT)	John S. Rog	0	ADDRESS 1919 Sem	inary Rd. Sil	ver Sprind, Md
5 A S S S S S S S S S S S S S S S S S S	23a.B	JRIAL, CREMATION, RE		23c. NAME OF CEMETER	RY OR CREMATORY 23d. L	OCATION YORJOWN	เขาสังเคยา พระการ
BP		Cremation	5/14/82	Metropoli	tan Crematory	Alexandria, Grandria, Gran	
DHMH - 17 (VR A15 ME (5))	7	NAME Tyson	Wheeler Fun	eral Home, Inkville, Mary	lend MY 1	9 1982 hance	Jan Jan
15M 2/80		NY WOOKAT	TTE LIKE WOO	WATTIE HELY.	Land		PY

010-12 ATT matuninama .d'won .t. F porider HE SEAL STATE OF THE SEAL OF T ATURE DEFELORA .9 .bu.sessi event 215-34-3024 Hanor L. Synca 7305 Brooks 122 24. The second secon My Seminary Md. Wilver Howard Md. Grenation 2 5/14/82 Netropoliton Grandon Cleanatia, Virginia, Tyron Wheeler Puneral Loca, Inc. Lift Hookville Like Hookville, Margiara

1												RES.
70	1-	FOR STATE			DEPA		ICATE OF DE		ENE 8 2		0 1	
-		REGISTRAR				CERTIF	ICATE OF DE	AIN	REG. N	Ю.	1.0	
	1. DEC	CEASED NAME	FIRST LOL	uise "	MODLE	A Asch	enbrenne	r	2e. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
6 4	(14hF	ORPRINT) Loui	TP				nbren		N	lay 1	15,1982	5:20
death death	3. SE)			RACE			OF BIRTH	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AGE (IN YEARS LAST BIR	THE AVI	IF UNDER 1 YEAR	IF UNDER 24 H
er p						MONTH		YEAR .	AGE (IN TEARS LAST BIR	(HDAT)	MONTHS DAYS	HOURS MH
Duce on the same	1	emale	(Caucas	ran	11	12	94	87	YRS.		
A TOP OF THE PARTY	7a. Bil	RTHPLACE (STATE OR FO	REIGN 76	CITIZEN OF V	WHAT COUNT	RY? 8			BALTIMORE CITY	OR COUNTY	OF DEATH	
1712 3	((Illinois	,	U.S			DE NEVER MA		Montgom	o mir		
-	10 CI	TY OR TOWN OF DEAT				WIDOWE PSING HOME O	OR OTHER INSTIT	DRCED	Ontgome		125 KIND C	OF BUSINESS
with with	10.0.	TO K TO WIT OF DEA		I IF NOT IN SUCH	H FACILITY, GIVE ST	TREET ADDRESS)	IN	V. Telling	(TYPE OF WORK FOR MOST O	OF WORKING LIF	E) INDUSTRY	
filed filed		thesda					& ursin	g Cen.	Homemak	er	Hon	ne
E T E	USUA 130 S	L RESIDENCE (IF NURSI	NG HOME OR OT	THER INSTITUTION,	134 CITY OR T	SEFORE ADMISSION)	1134. INSIDE CITY	VIIIIITC2	13e. STREET ADDRESS			
in d b	130 3		Montgo		Bethe	eda		NO []	5101 Ridge	efield	Road	
Se man	DA FA	THER'S NAME	HOHER	Diller'A	Decire	sua	15 MOTHER'S A	_		CITCTO	21000	
2 sh		FIRST	MID	DLE	LAST		FIR	r5T	WIDDLE		7 1. d (A)	51
d complete		George			Baur			uste	100		lachter	
d s d s		AS DECEASED EVER I	IN U.S. ARME		166 SOCIALS	SECURITY NO	17 INFORMAN	T	ADDR	ESS Ann	napolis	Md.
Pages P. the	'	No	[# 1ES, ONE W	AR OR DAIES,	455/35	-6353	Bert C.	Asche	nbrenner,	1717 W	lestmin:	ister V
ysician pers. P oval.				-	11 11		12020	17 6	//			ONSPIAND DEA
> 0 0 0		PART I. DEATH WA	AS CAUSED I	BY.	ing for a , to	11 101	mia	Kean	A Vine	2/	BETWEEN	
ren ren		-17 6	IMMEDIATE	CAUSE (d)	1/100	wing	ma	100	N proof	1	1.	pour
nibo , or mus	1	48/21		DUE TO OF	AS A CONSE	QUENCE OF		0	()	/	- 110	
ttending ph e carbon pa tion, or rem r traumatic	>	4860	which	DUE TO, OR	R AS A CONSE	EQUENCE OF		0	0			
	>	Canditions, if ony, gove rise to imm	nediate	(b)		arran or manesta		0	0			
by the attendir cremation, or cremation, or or other traum	>	gove rise to imm couse (a), stating	nediate g the	(b)	AS A CONSE	arran or manesta		0	0			
by the att	>	gove rise to imm	nediate g the	(b)		coverage of		0	0			
the att	>	gove rise to imm couse (a), stating underlying, cause	nediate g the	DUE TO, OR		coverage of	NOT RELATED TO	O THE TERMI	NAL DISEASE OR CON	IDITION GIV	/EN IN PART 11	a'
in signed by the att hen please remove to burial, crematic iy injury, or other	NON	gove rise to imm couse (a), stating underlying, cause	nediate g the last	DUE TO, OR		coverage of	RELIED TO	8 THE TERMIN	NAL DISEASE OR CON	IDITION GIV	/EN IN PART 1	a,
been signed by the att	SATION	gove rise to imm couse (a), stating underlying, cause	lediate g the last	DUE TO, OR	NIRIBUTING	OUENGE OF	RELITED TO	ease	NAL DISEASE OR CON	206. IF YES	S, WERE FINDI	NGS USED
has been signed by the attermit. Then please remove shows any injury, or other	IFICATION	gove rise to imm couse (a), stating underlying cause	lediate g the last	DUE TO, OR	NIRIBUTING	OUENGE OF	tals	ease	20a AUTOPSY?	206. IF YES	S, WERE FINDI	NGS USED S OF DEATH?
has been signed by the attermit. Then please remove shows any injury, or other	ERTIFICATION	gove rise to imm couse (a), stating underlying, cause PART 2 OTHER SIGN.	ediate g the last	DUE TO, OR	NTRIBUTING	OUENGE OF	N WAS PERFORA	ease med	200 AUTOPSY? YES NO	206. IF YES	S, WERE FINDI FYING CAUSES	NGS USED
idea. If cate has been signed by the att nist permit. Then please remove Hygiene prior to burial, crematic in 18 shows any injury, or other	L CERTIFICATION	gove rise to imm couse (a), stating underlying cause	ediate g the last	DUE TO, OR NOTIONS CO 196 CONDITIONS 216 TIME OF	NTRIBUTING	DEATH BUT	N WAS PERFORA	ease med	20a AUTOPSY?	206. IF YES	S, WERE FINDI FYING CAUSES	NGS USED S OF DEATH?
ystican. retrificate has been signed by the atternant permit. Then please remove tal Hygiene prior to burial, crematic term 18 shows any injury, or other		gove rise to imm couse (a) stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a, ACCIDENT WAS UNDI	inediate g the last IELLANI ION ERLYING AUSE OF DEATH	DUE TO, OR NOTIONS CO 196 CONDITIONS 216 TIME OF	TION FOR WH	DEATH BUT	N WAS PERFORM	MED URY OCCURRI	200 AUTOPSY? YES NO	206. IF YES	S, WERE FINDI FYING CAUSES	NGS USED S OF DEATH?
physician: The four equies that the string is certificate has been signed by the attrial-transit permit. Then please remove fental Hygiene prior to burial, crematic or Item 18 shows any injury, or other		gove rise to imm couse (a), stating underlying, couse PART 2 OTHER SIGN 119. DATE OF OPERAT 21a. ACCIDENT WAS UNDIOR CONTRIBUTING CIFETHER, NOTIFY MEDICA 21d. INJURY OCCURRI	Hediate g the last IDEL ION ERRITING AUSSE OF DEATH ALEXAMINER)	DUE TO, OR 196 CONDI 216 TIME OI HOUR A.A. 216 PLACE O	TION FOR WHE	DAY YEAR	N WAS PERFORA	MED URY OCCURRI	20a AUTOPSY? YES NO CENTER NATURE OF INJU	20b. IF YES	S, WERE FINDI FYING CAUSES S D PART I OR PART 2)	NGS USED 5 OF DEATH? NO
physician: The four equies that the string is certificate has been signed by the attrial-transit permit. Then please remove fental Hygiene prior to burial, crematic or Item 18 shows any injury, or other	MEDICAL CERTIFICATION	gove rise to imm couse (a), stating underlying, cause ART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDIO OR CONTRIBUTING CIFE EITHER, NOTIFY MEDICA 21d. IN JURY OCCURRI	INCOMERLYING AUSEANINER)	DUE TO, OR 196 CONDI 216 TIME OI HOUR A.A. 216 PLACE O	TION FOR WH	DAY YEAR	N WAS PERFORM	MED URY OCCURRI	200 AUTOPSY? YES NO	20b. IF YES	S, WERE FINDI FYING CAUSES	NGS USED S OF DEATH?
strending physician. After this certificate has been signed by the att six the burial-transit permit. Then please remove the and Mental Hygiene prior to burial, crematic marked or Item 18 shows any injury, or other		gove rise to imm couse (a), stating underlying, couse ART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDIO OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURR) AT WORK NOTIFY MEDICA AT WORK NOTIFY MEDICA AT WORK	TON ERLYING AUSE OF DEATH ALL EXAMINER) TED TRICE TRIC	196 CONDITIONS CO. 196 CONDITIONS CO. 216 TIME OI HOUR A.A. 216 PLACE C. (AT HOME, STRI	TION FOR WH FINJURY M. MONTH M. DF INJURY GET, FACTORY, OFF	DAY YEAR 19 FICE, FARM, ETC.)	N WAS PERFORA	MED URY OCCURRI	20a AUTOPSY? YES NO CENTER NATURE OF INJU	20b. IF YES	S, WERE FINDI FYING CAUSES S D PART I OR PART 2)	NGS USED S OF DEATH? NO
strending physician. After this certificate has been signed by the att six the burial-transit permit. Then please remove the and Mental Hygiene prior to burial, crematic marked or Item 18 shows any injury, or other		GOVE rise to imm couse (a), stating underlying, couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a, ACCIDENT WAS UNDION CONTRIBUTING C. (IF ETHER, NOTIFY MEDICA 21d. INJURY OCCURRING NOTIFY MEDICA 21d. INJURY OCCURRING NOTIFY MEDICA 22a. I certify that (II),	TON SERLYING AUSE OF DEATH ALEXAMINER) SED SILE AUSE OF DEATH ALEXAMINER) SED SILE AUSE OF SERLYING AUGUST OF SERLYING AUG	196 CONDITIONS CO. 196 CONDITIONS CO. 216 TIME OI HOUR A.A. 216 PLACE C. (AT HOME, STRI	TION FOR WH FINJURY M. MONTH M. DF INJURY GET, FACTORY, OFF	DAY YEAR 19 FICE, FARM, ETC.)	N WAS PERFORA 216 HOW INJU	ELS Q MED URY OCCURRI	20a AUTOPSY? YES NO CENTER NATURE OF INJU	206. IF YES	S, WERE FINDI FYING CAUSES SS PART I OR PART 2)	NGS USED OF DEATH? NO STATE
FECTOR: After this certificate has been signed by the att for use as the burial-transit permit. Then please remove i. of Health and Mental Hygene prior to burial, crematic em 21 is marked or Item 18 shows any injury, or other		gove rise to imm couse (a), stating underlying, cause ART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDIO OR CONTRIBUTING C (IF EITHER, NOTHY MEDICA THOUR MAT WORK NOTHY MEDICA TO COURT AT WORK NOTH TO COURT	TON SERLYING AUSE OF DEATH ALEXAMINER) SED SILE AUSE OF DEATH ALEXAMINER) SED SILE AUSE OF SERLYING AUGUST OF SERLYING AUG	196 CONDITIONS CO. 196 CONDITIONS CO. 216 TIME OI HOUR A.A. 216 PLACE C. (AT HOME, STRI	TION FOR WH FINJURY M. MONTH M. DF INJURY GET, FACTORY, OFF	DAY YEAR 19 FICE, FARM, ETC.)	216 HOW INJU	ELS Q MED URY OCCURRI	20a AUTOPSY? YES NO CENTER NATURE OF INJU	206. IF YES	S, WERE FINDI FYING CAUSES S TART LOR PART 2)	NGS USED OF DEATH? NO STATE
FECTOR: After this certificate has been signed by the att for use as the burial-transit permit. Then please remove i. of Health and Mental Hygene prior to burial, crematic em 21 is marked or Item 18 shows any injury, or other		gove rise to imm couse (a), stating underlying, cause PART 2 OT HER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDIO OR CONTRIBUTING CIFE EITHER, NOTHY MEDICA 21d. INJURY OCCURR WHILE NOTHY AT WORK 14 WORK NOTHY 22a.1 certify that (1)	TON SERLYING AUSE OF DEATH ALEXAMINER) SED SILE AUSE OF DEATH ALEXAMINER) SED SILE AUSE OF SERLYING AUGUST OF SERLYING AUG	196 CONDITIONS CO. 196 CONDITIONS CO. 216 TIME OI HOUR A.A. 216 PLACE C. (AT HOME, STRI	TION FOR WH	DAY YEAR 19 FICE, FARM, ETC.)	216 HOW INJU	MED URY OCCURRI	20a AUTOPSY? YES NO CENTER NATURE OF INJU	206 IF YE IN CERTIF YE JRY IN ITEM 18. F	S, WERE FINDI FYING CAUSES SS PART I OR PART 2)	NGS USED OF DEATH? NO STATE
hospital or attending physician. DRECTOR: After this certificate has been signed by the att hed for use as the burial-transit permit. Then please remove Dept. or Health and Mental Hygiene prior to burial, crematic if Item 21 is marked or Item 18 shows any injury, or other		gove rise to imm couse (a), stating underlying, cause ART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDIO OR CONTRIBUTING C (IF EITHER, NOTHY MEDICA THOUR MAT WORK NOTHY MEDICA TO COURT AT WORK NOTH TO COURT	TON SERLYING AUSE OF DEATH ALEXAMINER) SED SILE AUSE OF DEATH ALEXAMINER) SED SILE AUSE OF SERLYING AUGUST OF SERLYING AUG	196 CONDITIONS CO. 196 CONDITIONS CO. 216 TIME OI HOUR A.A. 216 PLACE C. (AT HOME, STRI	TION FOR WH	DAY YEAR 19 FICE, FARM, ETC.)	216 HOW INJU	MED URY OCCURRI	20a AUTOPSY? YES NO CENTER NATURE OF INJU	206 IF YE IN CERTIF YE JRY IN ITEM 18. F	S, WERE FINDI FYING CAUSES S TART LOR PART 2)	NGS USED OF DEATH? NO STATE
hospital or attending physician. DRECTOR: After this certificate has been signed by the att hed for use as the burial-transit permit. Then please remove Dept. or Health and Mental Hygiene prior to burial, crematic if Item 21 is marked or Item 18 shows any injury, or other		gove rise to imm couse (a), stating underlying, cause ART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDIO OR CONTRIBUTING C (IF EITHER, NOTHY MEDICA THOUR MAT WORK NOTHY MEDICA TO COURT AT WORK NOTH TO COURT	TON TERLYING AUSE OF DEATH AL EXAMINER) TRIBLE AUSE OF LOCATION ALLE AND AUSE OF LOCATION ALLE	DUE TO, OR DUE TO, OR 196 CONDI 216 TIME OI HOUR A.A. P.A. 210 PLACE C (AT HOME, STRI	TION FOR WH	DAY YEAR 19 FICE, FARM, ETC.)	216 HOW INJU	MED URY OCCURRI	20a AUTOPSY? YES NO CENTER NATURE OF INJU	206 IF YE IN CERTIF YE JRY IN ITEM 18. F	S, WERE FINDI FYING CAUSES S TART LOR PART 2)	NGS USED OF DEATH? NO STATE
UNERAL DIRECTOR: After this certificate has been signed by the att dbe detached for use as the burial-transit permit. Then please remove the State Dept. of Health and Mental Hygiene prior to burial, crematic BRTANT: If Item 21 is marked or Item 18 shows any injury, or other		Gove rise to imm couse (a), stating underlying, couse ART 2 OTHER SON 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDO OR CONTRIBUTING CONT	TON ERLYING AUSE OF DEATH ALL EXAMINER) TED THE AUSE OF DEATH ALL EXAMINER AUSE OF DEATH ALL	19% CONDITIONS CO. 19% CONDITIONS CO. 21% TIME OF HOUR A.A. 21% PLACE C (AT HOME, STRI	TION FOR WH FINJURY M. MONTH M. MONTH DF INJURY EET, FACTORY, OFF	DAY YEAR 19 FICE, FARM, ETC.)	216 HOW INJU	MED URY OCCURRI	Z0a AUTOPSY? YES NO CENTER NATURE OF INJUDE CITY OF TO	206 IF YE. I'N CERTIF YE URY IN ITEM 18, F	S, WERE FINDI FYING CAUSES SS PART I OR PART 2)	NGS USED OF DEATH? NO STATE that (I)-(sua) causes stated
UNERAL DIRECTOR: After this certificate has been signed by the att dbe detached for use as the burial-transit permit. Then please remove the State Dept. of Health and Mental Hygiene prior to burial, crematic BRTANT: If Item 21 is marked or Item 18 shows any injury, or other	MEDICAL	Gove rise to imm couse (a), stating underlying, couse ART 2 OTHER SIGN 19a DATE OF OPERAT 21a, ACCIDENT WAS UNDO OR CONTRIBUTING C (IF ETHER, NOTIFY MEDICA 21d. NJURY OCCURRI WHILE NOT WHAT WORK NOTIFY MEDICA 22a. I certify that (II) 22d HESICIAN'S NA Blaine	TON ERLYING AUSE OF DEATH AL EXAMINER) INTEL I	DUE TO, OR DUE TO, OR 196 CONDI 216 TIME OI HOUR A.A. P.A. 210 PLACE C (AT HOME, STRI	FINJURY M. MONTH M. p. defeosed from the death	DAY YEAR 19 FICE, FARM, ETC.)	216 HOW INJU	MED URY OCCURRI	20a AUTOPSY? YES NO CENTER NATURE OF INJUDE CITY ON 10 CONTRACTOR PHYSICAL WEDICAL PHYSICAL WEDICAL PHYSICAL WEDICAL PHYSICAL WEDICAL PHYSICAL WEDICAL PHYSICAL WEDICAL PHYSICAL WE . Bethe	206 IF YE. I'N CERTIF YE URY IN ITEM 18, F	S, WERE FINDI FYING CAUSES SS PART I OR PART 2)	NGS USED OF DEATH? NO STATE that (I)-(sua) causes stated
hospital or attending physician. DRECTOR: After this certificate has been signed by the att hed for use as the burial-transit permit. Then please remove Dept. or Health and Mental Hygiene prior to burial, crematic if Item 21 is marked or Item 18 shows any injury, or other	MEDICAL	Gove rise to imm couse (a), stating underlying, couse ART 2 OTHER SIGN 19a DATE OF OPERAT 21a, ACCIDENT WAS UNDO OR CONTRIBUTING C (IF ETHER, NOTIFY MEDICA 21d. NJURY OCCURRI WHILE NOT WHAT WORK NOTIFY MEDICA 22a. I certify that (II) 22d HESICIAN'S NA Blaine	TON ERLYING AUSE OF DEATH AL EXAMINER) INTEL I	19% CONDITIONS CO. 19% CONDITIONS CO. 21% TIME OF HOUR A.A. 21% PLACE C (AT HOME, STRI	FINJURY M. MONTH M. p. defeosed from the death	DAY YEAR 19 FICE, FARM, ETC.)	216 HOW INJU	MED WISC. A REMATORY	20a AUTOPSY? YES NO CENTER NATURE OF INJUDE LITE OF THE NATURE OF INJUDE AMEDICAL STADIRECTOR PHYSIC We Bethe	206 IF YE. IN CERTIF YE AND ITEM 18. F	S, WERE FINDI FYING CAUSES S D PART I OR PART 2) COUNTY 19 If DATE Marylan	STATE that (I)-(sua) causes stated
UNERAL DIRECTOR: After this certificate has been signed by the att dbe detached for use as the burial-transit permit. Then please remove the State Dept. of Health and Mental Hygiene prior to burial, crematic BRTANT: If Item 21 is marked or Item 18 shows any injury, or other	MEDICAL	Gove rise to imm couse (a), stating underlying, couse ART 2 OTHER SON 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDO OR CONTRIBUTING CONT	TON ERLYING AUSE OF DEATH AL EXAMINER) INTEL I	19% CONDITIONS CO. 19% CONDITIONS CO. 21% TIME OF HOUR A.A. 21% PLACE C (AT HOME, STRI	TION FOR WHE	DAY YEAR 19 FICE, FARM, ETC.)	216 HOW INJU	MED WISC. A REMATORY	20a AUTOPSY? YES NO CENTER NATURE OF INJUDE CITY ON 10 CONTRACTOR PHYSICAL WEDICAL PHYSICAL WEDICAL PHYSICAL WEDICAL PHYSICAL WEDICAL PHYSICAL WEDICAL PHYSICAL WEDICAL PHYSICAL WE . Bethe	206 IF YE. IN CERTIF YE AND ITEM 18. F	S, WERE FINDI FYING CAUSES S D PART I OR PART 2) COUNTY 19 If DATE Marylan	STATE that (I)-(sua) causes stated

Judica de la composición de la composición de la comencia del la comencia de la comencia del la comencia de la in the first of th LI BEFORMAN by - V- we be to anonement, 1717 estaining to the state of the s J. Hine Firmerile, M.D. 222 inc. ve., batherds, Monviends, 20214 Semision 5/15/1982 Weign Hill in moon; Let 1 and, Maryland. WAY 1 8 1982 The Sone Inc

1				STATE OF MARYLAND		ma 4 (me (me
b	1-	FOR STATE	DEPARTMEN	IT OF HEALTH AND MENTAL H	YGIENE 2	3 5 5
90	1	REGISTRAR	MEDICAL EX	AMINER'S CERTIFICATE O	F DEATH REG. NO.	
Canada de la constitución de la		CEASED NAME FIRST	MIDDLE	LAST	20. DATE KNOWN	MONTH DAY YEAR 25 HOUR
W ~	(TYI	EORPRINT) WILLIAI	m Fluite	AVTORI	OF ESTI-	
PLEASE RECTOR, R FILES STREET	3. SE			GE (IN YEARS IF UNDER 1 YR. LIF LINDER 2		0 117 2 0 M
S. F. P.	J. JL	20 16 2		ST BIRTHDAY) MONTHS DAYS HOURS	AHRS. 20 DATE MIN PRONOUNCED	MONTH DAY YEAR 2d HOUR
VECESSARY, PLEASE UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS. PRESTON STREET	0.	MALLENE	77 2,10	7 YRS.	DEAD	5 /8 1982 6 M
CESS. TERALI OR VI	7a B	RTHPLACE (STATE OR REIGN COUNTRY)	Th CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIE	9. BALTIMORE CITY OR	COUNTY OF DEATH
S FORE		MD	USIT	WIDOWED DIVORCE		0 6415-1251
240, 2	10. C	TY OR TOWN OF DEATH	II. NAME OF HOSPITAL NURSIN	HOME, OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE O	FWORK 12b. KIND OF BUSINESS
THE PRIED	1		(IF NOT IN SUCH FACILITY, GIVE STREET	(DDRESS)	FOR MOST OF WORKING LIFE)	OR INDUSTRY
		FITHERS IS UR L	GIIV GALEY	TURIOUS OICLE HB	NURSEYMA	N NURSURY
ANY DEL	13a. S	TATE 13b. COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION) OWN 13d. INSIDE CITYLEMITS?	13e. STREET ADDRESS	1
21201 F AND SHOUL		MID Min		ERS BURG YES I NO []	6112 ONLOYA	BYTON'S VILLETTY
and the second	14. F.	ATHER'S NAME	,	15. MOTHER'S MAIDEN	NAME	77.00
* 40 g 9 5		EIRST 4. 2. m /	MIDDLE LAST	FIRST	MIDDLE	AYTON
MORE TIER DE FORM SS 1 A	160 \	VAS DECEASED EVER IN U.S. AR	WELLIAM A	ECURITY NO. 17. INFORMANT		
IMO ON ON	(Y	ES, NO, OR UNKNOWN) (IF YES, GIVE				Laytonsville Rd.
BALTIMORE, URS AFTER DE B. GIVE PAGE WITH FORM PAGES 1 APPLISION OF		no	574-6	99336 CHARLES.	E AYTON Gait	hersburg, Md.
. 080		18. CAUSE OF DEATH (Enter or	nly one couse per line for (o), (b), and	(c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON ST. 24 HC ITEM 1 LIONG PERMIT		PART I DEATH WAS CAUSE	D BY: TE CAUSE (a)	SANGUINATION		BETWEEN ONSET AND DEATH
0 4=3-0		9560 MMEDIA	DUE TO, OR AS A CONSEQ			
PREST HTHIN LER A CNSH OVAL		Conditions, if ony, which				11.
		gove rise to immediate	()	EERATION OF	WRIST	Inv
ED V EN PEN PEN PEN PEN PEN PEN PEN PEN PEN		cause (a) stating the <u>under</u> - lying couse last.	DUE TO, OR AS A CONSEQU	JENCE OF		
CUTE IN P. I	77.7		(c)			
ORDS, 34 SE EXECL DING" IN EDICAL I S A BUR TH AND ATION, C		PART 2 OTNER SIGNIFICANT CONDITIONS	CONTRIBUTING TO GEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	1 (a).	
RECORDS, JLD BE EXE PENDING" PENDING" PENTH AN PEATH AN PERMATION	Z		DEI	PRESSION		
L RECCULD B "PENEFF ME SED AS HEAL"	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED?		20. AUTOPSY?
▼ ODIOR:	E S					
DIVISION OF VIT S CERTIFICATE SH RITING THE WORL THE CAR E 3 SHOULD BE E DEPARTMENT C PRIOR TO BURIA	NE N	216 EXTERNAL CAUSE WAS	21b. TIME OF INJURY			YES NO D
ON OF VI		UNDERLYING POR	HOUR AM MONTH DAY	YEAR TIE HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 18 PAR	T 1 OR PART 2)
IN THE CONTRACT ON THE CONTRAC	MEDICAL	CONTRIBUTING CAUSE OF	DEATH P.M. 3 /8	1902 CUT WALL	SELBOUS	
CERTIFICATION OF STREET OF	0	21d. INJURY OCCURRED		HOME, 21f. LOCATION		
DIVIS HIS CER WARITINE VARGE 3 S AGE 3 S ATE DEF	Z	WHILE NOT WHILE [STREET, FACTORY, FARM, ETC.]	G115 OLANJLATE	Your with & GAITHE	COUNTY MI A IN STATE
E: THIS RE, WR SRWAR: PAGE STATE					The week o Contract	and more for
ox E O ov m	6	22a. I certify that I took chorg	ge of the remoins described abave, h	eld an Autapsy , Inspection	Inquiry , ond i	n my apinian
= = F C 4		deoth resulted from:	causes . Accident	Suicid Hamicide	Undetermined manner,	
XXA LD URE WITH		1/4	- (11/11/11	TITLE (STECIFY)		1 1.
W.H.		ACTUAL SIGNATURE	we much	reco det	MEDICAL EXAMINER	DATE 5/ 9/82
SH			2/	7	MEDICAL EXAMINER	3 0 0 111
M C CN	-	EXAMINER'S NAME THAT	occis (Inn	YLE ADDRESSIOU	Vinner Me	KR SIGHT
TO MEDICAL EXAM EXECUTE THE CERTIF PAGE A SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYLA	22 - 01	(TITE OR TRILLY)				Delaidigin
	230.B	PECIFY) BURIAL	MAY 21,1982 La	of CEMETERY OF CREMATORY ytonsville Cemetery	23d LOCATION CITTOR TOWN CONSVILLE	Son to Maria
BP			11,1702 Da			Mary Constitution
DHMH - 17	24, FI	Pancis H. Barbe	T. ARRESS married 1.1	Md 20070 250. DATE RE	C'D. BY REGISTRAR 256 PEGIST	MARSIGNATURE
(VR A15 ME (5)) 15M7/77	, r	rancis ii. barbe	er Laytonsville	, Ma. 20019	2 4 1984	

Depicted of the contract of th The state of the s THE RESERVE OF THE PROPERTY OF The state of the s

15	16	1	FOR - STATE REGISTRAR		DEPARTI	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FIC ATE OF DEATH	REG. NO	3 1	5 6
9			CEASED NAME	FIRST	MIDDLE		IAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
oge o			RO	DBERT	Α		KEMAN	5-22-		12:40
4 mo		3. SE	MALE	4. RACE	4.50		TOF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN
1 th		7a. B	IRTHPLACE (STATE OR FO		nite N OF WHAT COUNTRY?	8		9 BALTIMORE CITY OR COUNT	Y OF DEATH	
(原则)(Isla		ew Hampsh.	70 0111221	USA	MARRIE	D NEVER MARRIED DIVORCED	Montgomery	TOT DEATH	A
	S Spirited		Iver Spring	THE NOT	OF HOSPITAL, NURSIN IN SUCH FACILITY GIVE STREET HOLY Cross	ADDRESS)	ital	120 USUAL OCCUPATION (Type of work for most of working I	126 KIND O INDUSTRY	F BUSINESS C
n 24 hour Filled in hould be	13/	13a	AL RESIDENCE (IF NUR STATE) TYPI and	ROTHER INSTITUTION	UTION GIVE RESIDENCE BEFORE 131 CITY OR TOWN		13d. INSIDE CITY LIMITS? YES NO	214 Domer AVe		
42.0	ECN	14. F	ATHER'S NAME	WIDDLE	LAST	NO T	15 MOTHER'S MAIDEN NA	ME MIDDIE		at a second
P 10/	200		Robert	A.	Bakeman		June		Dunn	
be exect	v medico	160	VAS DECEASED EVER IN YES, NO OR UNKNOWN) Yes	N U.S. ARMED FORC (IF YES, GIVE WAR OR DA'			Jessie Bake	man, Wife, Sa		
Superior of the contract of th	f.		18 CAUSE OF DEATH	Enter only one cous	se per line for (a), (b), an	dicii	· n -1 '	Le	BETWEEN	MATE INTERVAL ONSET AND DEATH
Don't ben't	c eve			MMEDIATE CAUSE			tarction, acr	C	0	>
the soft	tom		Canditions, if any,		O, OR AS A CONSEQUE	0 7	· e 4:		Ua.	
har the di by the or one remon	other tro		gave rise to imme cause (a), stating underlying cause	diote	o, or as a conseque	ENCE OF	disease		Yea	n
1 101	77.0		PART 2 OTHER SIGNE	FICANT CONDITION			NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART 10	a ·
2 T. 2	1	Į Š	Pulmonary	Dema	Carcinoma	of a	scending colon			
he for her be	1000	CERTIFICATION	19g DATE OF OPERATION	ON 196 C	ONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDIN IFYING CAUSES YES	OF DEATH?
physic physic tificat Ltrans	81		210. ACCIDENT WAS UNDER		ME OF INJURY IR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
SICIA ng pl certifi rial-tr	Fe 1	CAL	LIF EITHER NOTIFY MEDICA	L EXAMINER	P.M.	19			1752.5	
PHY tendir this the bu	o pe	MEDICAL	WHILE NOT WHILE	LATHO	ACE OF INJURY ME STREET, FACTORY, OFFICE, F	ARM ETC }	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
DING or off a After se as t	an ark		AT WORK		-1.4- 116	Mar	2-1 10 P2-	Me. 22	- A 2	
ATTENI psp.tal ECTOR: d for us	21 is	8	saw the deceased	alive an	d the deesed fram_	00		death accurred on the date and ha		that (1) (see) lo
क म क न व	Hem		22b. SIGNATURE	d) (did not view the	body after death.		DEGREE		22c. DATE	SIGNED
	T: 14	13	Cla	les 198	in M.S	D.	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	5-	23-83
HOS ined FUN uld t	PORTAN		CHARLES	J. BIE	R M.D.		1145-19 th ST		ikn, I	o.c.
To To sho	₹		BURIAL, CREMATION, RI				EMETERY OR CREMATORY	23d LOCATION		
BP	- 6		remation				Hill Cremat	-		
DHMH - 16 50M 1/ (VRA 15, 4)	/81		UNERAL DIRECTOR R	obt E Wi	lhelm ADDRESS	308	Suitland	E REC'D. 8Y REGISTRAR 256. REGIS	TRAR'S SIGNAT	URE
(FRM 13, 4)		<u>_</u>	Funeral Ho	ome R	Rd., Suitl	and,	Md.	12 198/ Man	2 Juni	21-
									\U/	

\$157					
		01-35-3			318/5
			AZU		
		l'adirent e	Holy Cross	oning pain	Salver Sp
W. Y	274 Semen	Part: La			Bas (yrall
		originalisi kulisida			

Homes P.A. Bethesda, Maryland

TELLIFER Situation Literature BAY 22 TO The Secretary

1		FOR			STATE OF MARYLAND OF HEALTH AND MENTA	N HYGIENIS	2	1 3		5 8
	1 -	STATE REGISTRAR			RTIFICATE OF DEATH		REG. NO.			
ı		CEASED NAME FIRST		DOLE	LAST	20. DAT		ONTH DAY	YEAR	26 HOUR
	(1172	BLANCHE	W		BARBER		MAY	20	82	8.30
	3. SE)		4 RACE	5. C	ATE OF BIRTH		(IN YEARS LAST BIRTHE	DAY) IF UN	DER 1 YEAR	IF UNDER 24 HRS
		Female	white		Aug. 18,1891	90		YRS.		Mile.
1	Í	RTHPLACE (STATE OR FOREIGN MARY)		USA M	ARRIED NEVER MARRIE		Montgome		DEATH	MD.
-]	TY OR TOWN OF DEATH Bethesda	Suburb	an", Hospit		(TYPE OF	UALOCCUPATION Work for most of w Wife	WORKING LIFE)	ABLICATION OF STREET HOME	OF BUSINESS OR
1	13a S			THAMS VILL		13e. STR	REET ADDRESS Wi	ndsor	Road	
		THER'S NAME Randolph H.	Mindso Windso	r LAST	15 MOTHER'S MAID	P.	Burdett	e ^	LASI	ıī.
1	16a W	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 1 VE WAR OR DATES)	66 SOCIAL SECURITY 215-38-306	Florence	W. Stro	ther Sa	ame as	#13	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per li ED BY: TE CAUSE (a)	ne for (0), (b), and ic	pinia	Tun	inal		BETWEEN	IMATE INTERVAL ONSET AND DEATH PULL 1982
		4380 Canditians, if any, which	DUE TO, OR	AS A CONSEQUENCE	OF Meanlose				3	iais
		gove rise to immediate couse (o), stating the underlying cause lost.	DUE TO, OR	as a consequence	OF				U	
	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CON</u>	TRIBUTING TO DEAT	H BUT NOT RELATED TO TH	E TERMINAL DIS	EASE OR CONDI	TION GIVEN II	V PART 110	a '
)	CERTIFICATION	19a DATE OF OPERATION	196 CONDITI	ON FOR WHICH OPE	RATION WAS PERFORMED	20a /		20b. IF YES, WE IN CERTIFYING YES	RE FINDING CAUSES	NGS USED OF DEATH?
	_	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M	INJURY MONTH DAY	YEAR 19	OCCURRED (ENT	ER NATURE OF INJURY I	IN ITEM 18 PART 1	OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	INJURY T. FACTORY, OFFICE, FARM, E	211 LOCATION STREET		CITY OR TOWN	4 (COUNTY	STATE
		220.1 certify that (1) (this hosp saw the deceased olive or obove, (1) (we) (did) (did no	5/20/0	2_ 19	. ond that in (my) (aur) a	pinion death oc	curred an the date	and haur and		that (I) (we) lost causes stated
		22b. SIGNATURE	- D	- pri D	DEGREE ATTEND PHYSIC	ING MEDIC	CAL STAFF TOR PHYSICIA		22c. DATE	SIGNED 120/82
		22d. PHYSICIAN'S NAME (TYPE OS & 774 CO	DRAFINT)	- MD	22e ADDRESS 7425 C					
		URIAL, GEMATION REMOVAI		1982 Payt	of CEMETERY OR CREMA	TORY 23d. L	ocation ytonsvil	le M	onty	Md STATE
	24 FL F1	RANGIS H. BARBE	CR LAYTO	NSVILLE, M	D. 20879	MAY 24	1982	reserve	PERSONAL PROPERTY.	URE

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

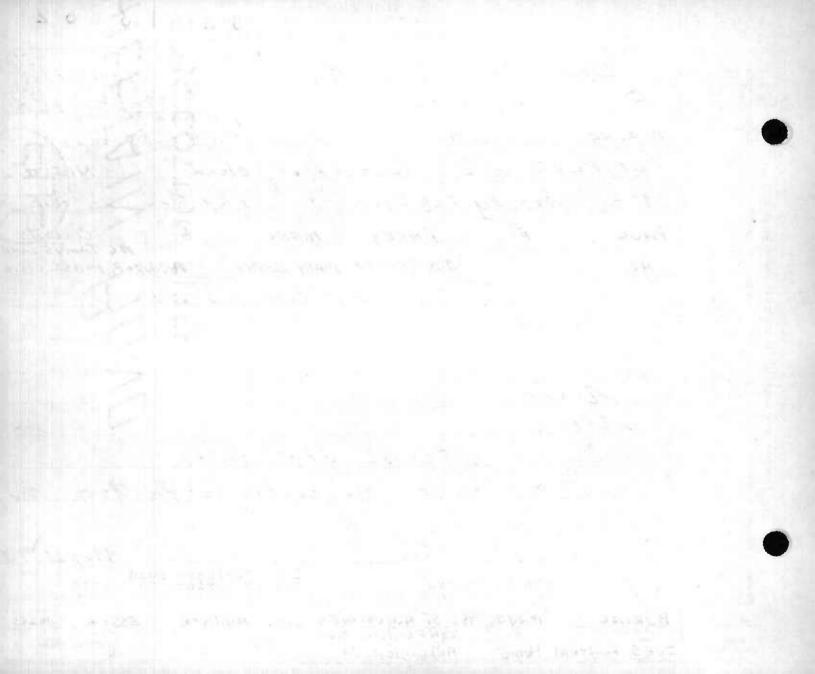
2000 美名字描述。建铁柱是一切,"在100 The Date (100 The Date)

CONTRACTOR OF THE PROPERTY OF Address the State of Lands and State of the There is Thompson and the second seco

0 | 5 | 5 | 5 | Average that the state of the s

Made. Main Park 19, 190 No. Vormont. U.S.A. Indianalist and A.S. U. S. D. Company -41-Tiest . Destination . Section . Section . Section . Section . Destination . Section . Sectio Maryland. Nontgomery. Chevy Chase. 17184 Pinchardt Parkwey. Millis E. Barrows. Jennie Mary Summer. No. 13 c. Harris R. Barrows. 13 c. (Burial. May 12, 1962 Nest Cemeters. Pest, Va. William 25 Carroll Br. 1. C. Dec . Cheste

V	1.	FOR	DE	PARTMENT OF HEAL	TH AND MENTAL H	YGIONE ()	1 3 1	6 2
	11-	STATE REGISTRAR	MEDI	CAL EXAMINER'S	CERTIFICATE	EDEATH	1 0 1	
	1. D	CEASED NAME FIRST		IDDLE	LAST	2a. DATE KNOV	EG. NO.	YEAR IN MONTH
38 of 48 F	{11}	PE OR PRINT)	T/	1	Banna	OF EST	. —	132
PLEASE ECTOR. R FILES. HOURS STREET,	3. SE	X 4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS IF	UNDER I YR. IF UNDER		MONTH DAY	YEAR 24 HOUR
ZZZZZ		A III	MONTH DAY	YEAR LAST BIRTHDAY) ME	DNTHS DAYS HOURS	MIN, PRONOUNCED	11-11-	1375
\$ \$ 7 \$ B	7a. E	IRTHPLACE (STATE OR	76. CITIZEN OF WHAT	CHINTEY? Is		A RAITIMOPE	CITY OR COUNTY OF	DEATH
公员员自然 (1)	F	MAINE	11.5.4	MA	RRIED NEVER MARRI	ED VA	<u>Z</u> .	DEATH!
Z Z S	10. 0	ITY OR TOWN OF DEATH	II. NAME OF HOSPIT	AL, NURSING HOME, OR C		120. USUAL OCCUPATION	N (TYPE WORK 12b. KI	IND OF BUSINESS
PAGE PAGE S. 2014		Tak Park	(IF NOT IN SUCH FACILIT	Y, GIVE STREET ADDRESS)	1//	FOR MOST OF WORKING LIF	(E) O	IND OF BUSINESS R INDUSTRY
DE NOS	USU	AL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE R	ESIDENCE BEFORE ADMISSION)	or March			1. I. H.
AND 3 THE PETAIN	13a. S	STATE 13b. COUN	to to	3c. CITY OR TOWN	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	14	1 -
The state of the s	14. F	ATHER'S NAME	conig.	EKPLYN	YES NO 15. MOTHER'S MAIDE	NINAME	neva	Ave.
m ANGZP	1	FIRST	MIDDLE	DAST DOLL	FIRST	MIDDLE		LAST
A A A A A A A A A A A A A A A A A A A	160.	WAS DECEASED EVER IN U.S. AR.	MED FORCES?	6b. SOCIAL SECURITY NO.	MARY 17. INFORMANT			OLLINS IMYS LANE
BALTIMORE, S AFIER DEA GIVE PAGES TITH FORM PI PAGES 1-AN IVISION OF	((ES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	228-78-5302	many Pa			
URS A	H	18 CAUSE OF DEATH (Enter an	ly one source pay line for		VIIAKY DAK	ery An		PPROXIMATE INTERVAL
HOU! W 18 W 1		PARTIDEATH WAS CAUSE	D BY:	(d), (b), and (c).)	+ 1.10	1. 1 . 4	- Kla 2 1 BETT	WEEN ONSET AND DEATH
TON ST 24 HO LITEM 1 LLONG F PERMI GGIENE,	1 2	955 IMMEDIA	TE CAUSE (a)	A CONSEQUENCE OF	olwo	und of	11-10	
PRESTON ST ITHIN 24 HOU CIL IN ITEM 11 FER ALONG AN SIT PERMIT REMOVAL.		Canditions, if any, which					100	
W. W. WING		gave rise to immediate cause (a) stating the under-		A CONSEQUENCE OF				
UTED WITHI IN PENCIL I EXAMINER SAL-TRAIN DAMENTAL I ON, OR REA		lying cause last.	(2)	A CONSEQUENCE OF				
		PART 2 OTNER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	TACE OR COMOTTION CIVEN IN DAR	Title		
RECORDS. LD BE EXECTED BE EXECTED BE EXECTED BE EXECTED BE EXECTED BE EXECTED BE AS A BUT BEALTH AN EXECUTED BEALTH AND EXECUTED BEALTH	Z	1/5.		TO THE TERMINAL DIS	TASE ON CONDITION OFFER IN FAR	1110		
L CA	MEDICAL CERTIFICATION	190. DATE OF OPERATION	196. CONDITIO	N FOR WHICH OPERATION	WAS PERFORMED?		20	AUTOPSY?
DIVISION OF VITAL RELINER: THIS CERTIFICATE SHOULD SIGNE WRITING THE WORD "PER E FORWARDED TO THE CHIEF M TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEAD AND, 21201 PRIOR TO BURIAL.	I E	None					1.0	YES NO NO
N H W W W W W W W W W W W W W W W W W W	1 8	21a. EXTERNAL CAUSE WAS	216. TIME OF IN		HOW INJURY OCCURRED	LENTER NATURE OF HIJURY IN I		IES LI NOZA
NO SET CONTRACTOR	1 ×	UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH (.M)	S 2 19 PA	shot	D- K		
MISIC CERTING 3 SH DEPA DEPA DEPA	I S	21d. INJURY OCCURRED	21e. PLACE OF 1	NJURY (AT HOME, 211.	LOCATION	VEIL		
NR IIS CARDINARIE COR. CARDINA	X	WHILE NOT WHILE DAT WORK	STREET, FACTORY	, FARM, ETC.)	STREET	1/2 CITY OR TOWN	71 AAS	1 STATE
E TE V				74.	- note of	Z' -	ex joyon	5 100
A A B E A		22a. I certify that I taak charg			apsy 🔲 , Inspection		and in my apinian	
RECORD BE		death resulted fram: Natur	ral causes	cident Suicide (Undetermined manner	□ .	
A S S S S S S S S S S S S S S S S S S S		ACTUAL	100	Too	TITLE (SPECIFY)		DATE A_	VA 1 10000
ZEX WEEK	5	SIGNATURE		Jan	M.D.	MEDICAL EXAMINER	SIGNED	721112
SE S	100	(TYPE OF PRINT) JO	nn S. Rog	ers	1919 Silve	Seminary ; er Spring,	MD 2091	0
DIVI TO MEDICAL EXAMINER: THIS CEEEECUTE THE CERTIFICATE. WRITH PAGE 4 SHOULD BE FORWARDEG TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201	23a. B	URIAL, CREMATION, REMOVAL 2		23c. NAME OF CEMETERY	_ADDRESS	134 LOCATION	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
8P	E	SPECIFY) 9	may 26, 1982		ulale =	ANdover	£55ex	NATE ASS
		UNERAL DIRECTOR		1847 Wilson	Blvd Ba DATER	The second liverage and the se	REDESTRAR'S SIGNAT	mass me
DHMH - 17 (VR A15 ME (5))	7	JES FUNERAL	HomE ADDRESS	ARLINGTON, L	A	N 1 1982	Crance gar	E PARTIE DE LA CONTRACTION DEL CONTRACTION DE LA
15M 2/80			101170				400	



deoth Page 4 may be

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.				
I. DECEASED NAME (TYPE OR PRINT)	Mary		zabeth		Baum		DEATH MO		DAY YEAR	2b. HOI	_
Female		4 RACE White		5 DATE C	OF BIRTH		EARS LAST BIRTHD		IF UNDER I YEAR		M
70 BIRTHPLACE (STATE		USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Мо	ntgome	ry	OF DEATH		MD
Bethesda	Saria.	The CI	inical Ce	nter	NIH	(TYPE OF WORK	rse				ESSOR
USUAL RESIDENCE (IF N 130 STATE Maryland	136 COU	nt.	Chevy Ch		13d. INSIDE CITY LIMITS? YES X NO		ADDRESS O3 And	over	Road	208	315
JOHN			GROSE AST		15. MOTHER'S MAIDEN NA FIRST FANNIE		R.	CES			
(YES, NO OR UNKNOWN)		MED FORCES? (E WAR OR DATES)	220-28-		Edith C. Baur Arlington, Va	m, daug	hter;	300	N. Bar	ton :	St.
PART 2 OTHER S	immediate ating the use last	DUE TO, OF	l radical	NCE OF EATH BUT MAS	NOT RELATED TO THE TERM tectomy for conversed to the term tectomy for conversed to the term tectomy for converse to the term term term term term term term ter		of brea	ast Ob. IF YES V CERTIF	, WERE FINDI YING CAUSES	NGS USE	TH?
OR CONTRIBUTING [(IF EITHER NOTIFY M 21d IN JURY OCC WHILE NOT AT WORK AT	CAUSE OF DEA	P./ 21e. PLACE C	M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, FA	19	211 LOCATION STREET	RED (ENTER NAT	CITY OR TOWN	NITEM 18 PA	COUNTY		STATE
THE PHYSICIAN'S	NAME IIII	22 May	after death.	My AL	DEGREE ATTENDING PHYSICIAN D 22e ADDRESS The CI Institutes	MEDICAL DIRECTOR [linical of Hea	STAFF PHYSICIAN Cente 1th, B	and hour	22c. DATE 5/2 ationa	SIGNED 23/82	ated
BURIAL, CREMATIO	REMOVAL TION	MAY 23	3,1982 L	AME OF C	EMETERY OR CREMATORY REMATORY	VASI	TION HINGTO	N, D	· CUNTY		STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremotion,

MPORTANT: If Hem 21 is marked at Hem 18 shows any

24 FUNERAL DIRECTOR
FRANCIS H. BARBER

LAYTONSVILLE, MD. 20879

2 0 1982 REGISTRAR 256. REGISTRAR & SCHATURY

He 2001 1902 - 2001		is other.		
	Tors of the			Forester
				- m=1
		ribut incluit		doublitell
ing today and 2.22			. de na	dan Ayzari
o carro, il del presidento i				
STREET STREET,				
		production in		
		025421214		
deleta lo meone	10 10 1 10 00 1 1 10 00 1 1 H	n insiem		0.0000
deleta lo meone	10 10 1 10 00 1 1 10 00 1 1 H	n insiem		0.42872
	so 201 1 102 062 111	n insiem		0.45832
, desput to manus	10 10 1 10 00 1 1 10 00 1 1 H	n insiem		on2h7g
, desput to manus	10 10 10 00 110			0.42872
teless of District				0.00202
				0.02822
, 181011 10 100118				

	-	STATE OF M	AARYLAND
TP	11-	FOR DEPARTMENT OF HEALTH	AND MENTAL HYGIENE 2 3 6 4
1.	1.	REGISTRAR MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.
	I. DE	CEASED NAME FIRST MIDDLE	LAST 20. DATE KNOWN & MONTH DAY YEAR 26 HOUR.
ter Contract to	(TYI	PE OR PRINT)	OF ESTI-
22		Charler Canara 13	DEATH MATED MAY LAND HOM
	3. SE		DER 1 YR. IF UNDER 24 HRS. 2c. DATE MOND DAY YEAR 2d HOUR
(WI)		M Feb 23 33 49YRS.	HS DAYS HOURS MIN PRONOUNCED DEAD 12 2 2 1070
3623	70 B	IRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 8	9. BALTIMORE CITY OR COUNTY OF DEATH
初の名言語	FC	DREIGN COUNTRY) - MARRI	IED NEVER MARRIED
黄名は多い	1	***************************************	VED DIVORCED DIVORCED DIVORTED DIVORCED
AV IS THE PLUED.	10 C	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTH	IER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS
A FAER O		(IF NOT IN SUCH FACILITY GIVE STATE ADDRESS)	1/Rd Military U.S. Air Force
ORE, MD. 21201 DEATH. IF ANY DELA (GES 1, 2, AND 3 TO NA PM 3. REFAIN P. I AND 2 SHOULD BE I O'SVITAL RECORDS,	TIŠII	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	4 // / 4
S FEEDO Z	13a. S		13d. INSIDE (ITY LIMITS? 13a STREET ADDRESS
ANY AND AND PETA HOUL		Md Mont, Kensington	YES DO NO 1301PP/YEYE MILLY
MD. MD. M. 3.	14. F	ATHER'S NAME	IS MOTHER'S MAIDEN NAME
SENTE ESTE	^	FIRST MIDDLE LAST	Frances N. Beard
A A M GEE	1	Unknown	
BALTIMORE, SAFIER DEA GIVE PAGES ITH FORM P PAGES I AN	16a. V	ES, NO OR UNKNOWN) LIFYES GIVE WAR OR DATES)	17. INFORMANT AD SO 18 Plyers Mill Rd.
JRS AFTER JRS AFTER 3. GIVE PA WITH FORES DIVISION		Yes 1954-1974 214-28-5533	Mrs. Donnis P. Beard, Kensington, Md.
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
ON ST., 24 HOUR ITEM 18. LONG W PERMIT. GIENE, D		PART I DEATH WAS CAUSED BY:	APPROXIMA 0805 BETWEEN ONSET AND DEXIM
IN 24 HOUR IN THE IN TH		IMMEDIATE CAUSE (o)	0,000,000
N N N N N N N N N N N N N N N N N N N		DUE TO, OR AS A CONSEQUENCE OF	
		Conditions, if any, which Chronic M	10001 NIA 121 DIE 14VM
N N N N N N N N N N N N N N N N N N N		gave rise to immediate (b) cause (a) stating the under- DUE TO, OR AS A CONSEQUENCE OF	
		lying couse lost.	
		(c)	
AAA SESSE		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE	E OR CONDITION GIVEN IN PART 1 (a)
L RECORDS. ULD BE EXEC. "PENDING" "PED AS A BUILTH AND HELTH AND ILL. HELTH AND ILL. ALL. CREMATING.	Z	None	
PEP APP TEN	CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION W.	'AS PERFORMED? 20 AUTOPSY?
	15	Mane	ASTERIORMES:
F VITA WORD BE CHILD	1.5	70000	YES NON
OKED E	8		OW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
SECORES A	1	UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M.	
DIVISION S CERTIFIC RITING TH REDED TO S S SHOUL E DEPARTI	MEDICAL		CATION
DIVIS IIS CER WRITIN ARDED ARDED CGE 3 SI VIE DEP	1 2		STREET CITY OR TOWN COUNTY STATE
2 10 2 2 2 0 F V		AT WORK AT WORK	
E. THE, V	1	22a. I certify that I taak charge of the remains described above, held on Autops	sy . Inspection . Inquiry . and in my apinian
EXAMINER: CERTIFICATE UID BE FOR J. WITH THE S.		274	sy 🔲 . Inspection 🔼 . Inquiry 🔲 , and in my apinian
SER SER		deoth resulted from platural causes Accident . Suicide .	, Homicide Undetermined manner,
DE WAR		//00//	TITLE (SPECIFY)
NE N		SIGNATURE STORY	D. Dep MEDICAL EXAMINER SIGNED 2721/982
\$ \$ \$ \$ \$ \$ \$ \$ \$			MEDICAL EXAMINER SIGNED
W S S S S S S S S S S S S S S S S S S S		EXAMINERS NAME Dr. John S. Rogers, M.D.	1919 Seminary Rd., Silver Spring, Md
A A THE PAGE		Mass-Massell	ADDRESS
TO MEDICAL E) EXECUT THE CI PAGE 4 SHOUL PAGE 4 SHOUL AFTER DEATH, V BALTIMORE, M	23a.B	URIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OF	CITY OR TOWN COUNTY STATE
BP		Burial May 26, 1982 Mt. Olivet C	emetery Frederick, Frederick, Md.
	24 F	UNERAL DIRECTOR KULARUK C. Mafara	
DHMH - 17 (VR A15 ME (5))	-	Memith, Keeney and Bassford Funeral Home	Alask a water to the Charles of the Charles
(VR A15 ME (5)) 15M 2/80	-	106 East Church St., Frederick, Md. 2	1701 AY 2 1 1982 Man

(Bank) 그에 작용되면서 가는 사람이 있는 그리고 있는데 마이트 가게 되었습니요 중 하다. en 105de-1970 Chi-2-55.5 kg. -compt. . crow, kent-hydron, his In the latest the transfer of the furial totals in the control control to the control of the control of Local Control Co. States of Local Control Cont

, >				•			ARYLAND				EN4
16	1	1	FOR		DEPARTMENT O	FHEALTH	AND MENTAL	TYGIENE 2	1 3	0	3
X	\sim	1 -	STATE REGISTRAR		MEDICAL EXAM	NER'S C	ERTIFICATE C	OF DEATH	REG. NO.		
		I. DE	CEASED NAME	FIRST	MIDDLE		LAST			DAY YEAR	The HOUR
			PE OR PRINT)					OF !	STI-	DAT TEAR	26. НОЦВ
	PLEASE ECTOR. R FILES. HOURS STREET,		Ro1	and	George	Beaul	ieu	DEATH M	ATED 5	12/829	11:38
	춴유트호롱	3. SE2	4. RACE	5. DATE OF BI	IRTH 6. AGE (IN	YEARS IF UN	DER 1 YR. IF UNDER		MONTH	DAY YEAR	2d. HOUP
	STA		1.		Crist Dik.		S DAYS HOURS	MIN PRONOUNCE		10	
1	3752500		male wh	ite 8 24	17 64	YRS.			5/2/82 RECITY OR COUN	19	1. W
	が要な生命人人	4	REIGH COUPLEY)			MARRI	ED THEVER MARR	IED 🔲	m Tokeous	TIT OF DEATH	
	PERSON L	1	st Kusion		U.S.A	WIDOW		CED 🔲	1110N CON	unkey	MD.
- 2050	Mark de	10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSING HO		ER INSTITUTION	120 USUAL OCCUPA	ION (TYPE OF WORK	126 KIND OF BUS	
	多数发展 对	m a 1	lama Dania 1		JCH FACILITY, GIVE STREET ADDRES			GROUNDS	mail	GROUN 2	10
	AMERICA T	usuz		Md Washin	gton Adventi	st Hos	pital	OLINE OF DE	11140	GROONL	<u>u</u>
102	ANY DOUBLE OF THE CORE		TATE 13	BE COUNTY	13c. CITY OR TOWN	1	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
150	조종보로됐		Md.	Mont	Takoma P	ark,	YES XX NO	7600 Map1	e Ave		
9	_ N.S. S. A.	14. F	ATHER'S NAME				15. MOTHER'S MAID				
- 2	# 5897 7		JOSEPH	MIDDLE	REALL IE	11	FEND!	CIANNA MIDD	i.E	DUGAS	
8	BB X AB		VAS DECEASED EVER IN	ILLS ADMED FORCESS	DIPAULIE.	9	17. INFORMANT		ADDRESS	DUCTAS	
¥	VETER LE PA	100; Y	ES, NO, OR UNKNOWN) (1	IF YES, GIVE WAR OR DATES)	The Special Section	RITY NO.					0 -
- F	AFT H. F.		No		To Jeura	,	CAROL J.	THURBER!	4301 370	IRTEVANT.	1055
W. PRESTON ST., BALTIMORE	URS AFTER 8. GIVE PA WITH FOR IT. PAGES I DIVISION		18 CAUSE OF DEATH	(Enter anly ane cause pe	(a), (b), and (c),)		a A	7 1 1	4-17-17	APPROXIMATE I	INTERVAL
S	DESEM 1		PART I DEATH WAS	S CAUSED BY:	inan		(O1 V01	201111	0010	BETWEEN ONSET	AND DEATH
ŏ	24 HO ONG PERM PERM SIENE		14149	MMEDIATE CAUSE (a)	OD ACA CONSTRUITION	- The same	cucu	John	me		
EST	ZZZZZZ		7/1/), OR AS A CONSEQUENC	FOL					
0.	D WITHIN 24 HOURS PENCIL IN ITEM 18. C AMMINER ALONG WI AMMINER ALONG WI FENTAL HYGIENE, DI OR REMOVAL.		Canditians, if any				-				
3	TED WITH XAMINE XAMINE AL - TRAN MENTAL N, OR RE		cause (a) stating th		, OR AS A CONSEQUENC	E OF		MULEUM			
2	EZXZXX	1	lying cause last.								
RECORDS, 201	D BE EXECUTED PROBING." IN PROBING." IN PROBING. IN PROBING EXAL AS A BURIAL-SALTH AND MECREMATION, (CREMATION, (CREMATION)		DART 2 OTHER CICHICICANT C	COMPLETIONS CONTRIBUTION TO (STATU BUT HOT OF ATTO TO THE						
2	ZZOWAY	-	PART Z OTNER SIGNIFICANT C	OMPILIONS CONTRIBUTING TO O	DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE	OR CONDITION GIVEN IN PA	IRT 1 (a).			
Ü	ULD BE ED "PENDIN F MEDIC ED AS A I HEALTH, AL, CREM	CERTIFICATION	Edish Total								
~		13	190. DATE OF OPERATI	ION 19b. CO	NDITION FOR WHICH OF	ERATION W	AS PERFORMED?			20. AUTOPSY?	
*	SHOULD ORD "PE CHIEF A E USED, T OF HE	Ĕ								YES 🗆	NO F
DIVISION OF VITAL	CERTIFICATE SH TITING THE WOR DED TO THE CE E 3 SHOULD BE DEPARTMENT OF PRIOR TO BUR	1 2	210. EXTERNAL CAUSE	WAS 216 TIM	AE OF INJURY	121, HC	W INTERVOCCUER	D (ENTER NATURE OF INJUR	A SECULATE AS A SECULATION OF SECURATION OF		NO L
ō	WEN WEN		UNDERLYING OR		A.M. MONTH DAY YE		W HOOK! OCCURRE	D (FINIER INVIORE OF INJOR	IN HEM IS PART I ORP	PART 23	
Ö	FE C C S S	5	CONTRIBUTING CA	AUSE OF DEATH	P.M. 19						
ISI	R S G S G S G S G S G S G S G S G S G S	MEDICAL	21d. INJURY OCCURRE	D 21e PL/	ACE OF INJURY (AT HOME, T, FACTORY, FARM, ETC.)		CATION				
ā		2	WHILE NOT W	HILE D	I, PACTORY, PARM, ETC.)	3	IKEE	CITY OR TOWN	C	OUNTY	STATE
	THIS CENTRICE WRITE WARDE PAGE 3 STATE DI COLO 10, 21201 (AT WORK AT WO	KK.							
			220 I certify that I to	ak charge of the remain	is described abave, held ar	Autaps	y . Inspectio	in . Inquiry L	and in my o	apinian	
	NE FEE		death resulted from:	Natural causes	, Accident .	Suicide	. Hamicide .	Undetermined mann	er .		
	ARY ARY			0 0	0, 00	2	TITLE (SPECIEVA)				
	50255		ACTUAL 1	- Van. ()	Y (111) (1)	0.	Denil		DATE ER SIGN	5-7~	D
	2±₹₹£#	1	SIGNATURE	and wind	J. W. LUNE	M	D. Wagness	MEDICAL EXAMIN	ER SIGN	IED	24
	SEA MAS	-	EXAMINER'S NAME (T	RAMILLA	1 11/1/25	100	V	Q MA	10	00 /	OA
	TO MEDIA EXECUTE PAGE 4 S TO FUNE AFTER DE BALTIMO		(TYPE OR PRINT)	CICHHINA	Y MHETI	ON.	ADDRESS_//OC	Dock	que	Mega	Jack
	TO MEDICAL EXAMINE EXECUTE THE CERTIFICA PAGE 4 SHOULD BE RA FO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTMORE, MARYLAN	23a. B	URIAL CREMATION, REA	MOVAL 23b. DATE	73UNAME OF	EMEJERY ()	R CREMATORY	23d. LOCATION	700	-	mel
		1	13112	May 5 1	982 Juna	Waski	Valve Church	LI CHYOR WILL	en 10	10	na
	BP	74 F	UNERAL DIRECTOR	1/19-1	- Marie	- gette	Illa DATE	REC'D. BY REGISIRAR	256 REGISTRAR'S	SIGNATURE	-
	DHMH - 17	1	MAME -	1/2000/18	DRESS 3.C.I.N.	ente el	MA MA	Y/7 1090	Canca	10 9K-	200
	(VR A15 ME (5)) 15M 2/80	14	KING TUKOVAR	JONE ZYVILLE	to 184 Gural	RUNG			- 1-grues	muscou	-
	(Jnn 2 / 00			9							

Medition is it STATISTICS TRANSPORTED BEAULIEU "CESTALIANA DUFFE I the Transmission of the Street and the Commence Children Chicarage RICHARD LUMENTON THE SECTOR STATES Build My S. Mary Stray & West Could Could Be Californ Francistics White the Not Commercial Service

STATE OF MARYLAND

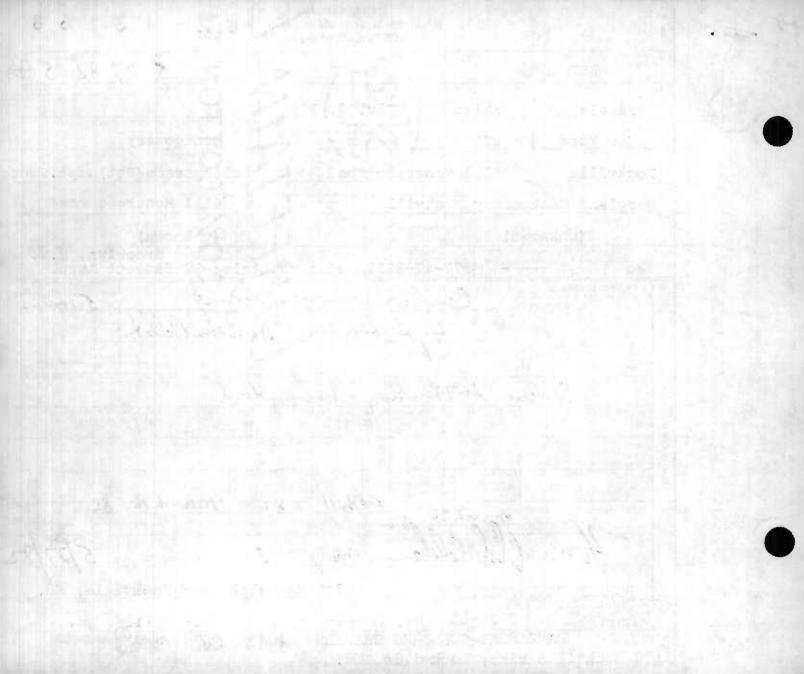
FOR

(VRA 15, 4) 1/79

S. P. VERCH - NUML DO MA CHURS, BEDISON, AS

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

N. C. HURST ME 27 192-74 They could infarcher 12 dec Concres arterior list Handhouse I also The telephone of the second of



DIVISION OF VITAL RECORDS.

0 0 1 8 11 8 1 6 9 She had the heart trained to the said The same of the sa The second second THE PROPERTY OF STREET Market Mark Williams News Distributed

	ST	ATE	OF	M	ARYL	AN
-	 					

FOR STATE REGISTRAR		DEPART	CERTIFICATE OF DEATH	REG. NO.	3 1	/ U
1. DECEASED NAME (TYPE OR PRINT)	Mary	MIDDLE S.	Bennett	May 22, 1982	DAY YEAR	10:25P
3 SEX	11017	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS.
Female	4	Caucasian	March 17 1888	94 YRS.	MONTHS DAYS	HOURS MIN.
70. BIRTHPLACE (STATE COUNTRY) Ireland	OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY United State	MARRIED WEVER MARRIED	9. BALTIMORE CITY OR COUNT	TY OF DEATH	
11 e 1 a n d	DEATH		WIDOWED NORCED ING HOME OR OTHER INSTITUTION	Montgomery (MD.
Wheaton	DEATH	(IF NOT IN SUCH FACILITY, GIVE STREE Manor Care		(TYPE OF WORK FOR MOST OF WORKING Homemaker		F BUSINESS OR

13d. INSIDE CITY LIMITS? 3708 Raymond Street Montgomer IS MOTHER'S MAIDEN NAME FIRST MIDDLE

Hugh Sheridan Mary Sheridan ADDRESS 16b SOCIAL SECURITY NO ARMED FORCES? 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 035-30-9099 Kathleen B. Larkin same as

IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate cause (a), stating the underlying

IN CERTIFYING CAUSES OF DEATH?

71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M

211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN AT HOME STREET, FACTORY OFFICE, FARM, ETC) NOT WHILE

220.1 certify that (1) (this hospital) ottended the deceased fram saw the deceased alive on and that in (my) (and opinion death accurred on the date and hour and from the causes stated

above, (1) (we) (did) (did nat) view the body after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN May 23, 1982

22d PHYSICIAN'S NAME (TYPE OF PRINT 22e ADDRESS

3000 Dent Place Washington, D.C.

R. Stephen Hulburt 230. BURIAL, CREMATION, REMOVAL (SPECIFY) St. Michael's Church

Buria1 24 FUNERAL DIRECTOR ROBERT A. PUMPHREY

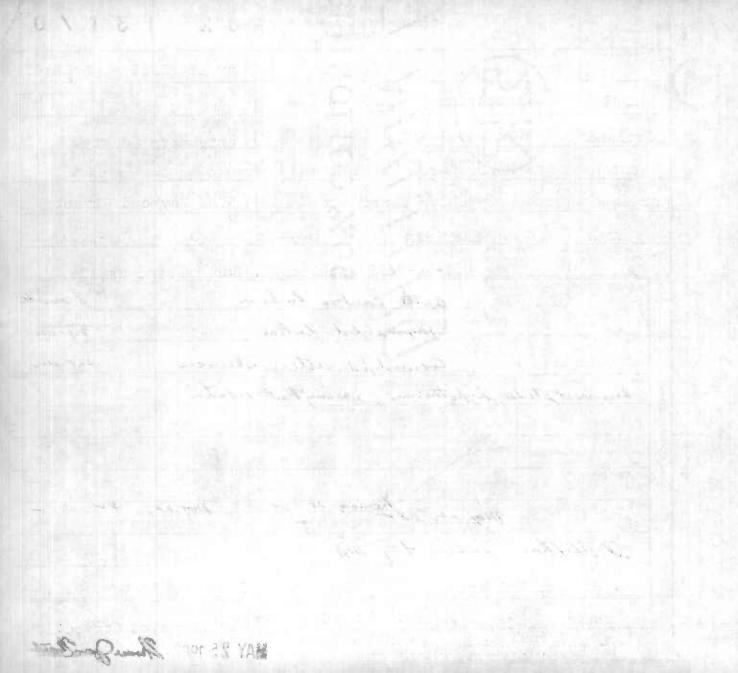
HOMES, P.A., BETHESDA, MARYLAND

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY:

or ormet

STATE

DHMH - 16 50M 1/81 (VRA 15, 4)



May 17, 1982

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR Francis J. Collins 500 University Blud. W. Silver Spring. Md.

FOR - STATE

REGISTRAR

Gate of Heaven

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

CERTIFICATE OF DEATH

COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED Montgomery Md. Silver Spring

IN CERTIFYING CAUSES OF DEATH? NO [

STATE

2h HOUR

12b. KIND OF BUSINESS OR

Chamber Comm.

BETWEEN ONSET AND DEATH

14.1982

IF UNDER 1 YEAR

INDUSTRY

Duffy

THE SECRETARY OF THE SE AND TO BE SECULO IN THE PROPERTY OF THE PROPER

d I	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212013 1 / 2 CERTIFICATE OF DEATH
death.	1. DECEASED-NAME (Type or print) MARGARET Middle Billyps 20. DATE OF DEATH 20 DOY 82 Year 1059/m
s after (the fun ages 1 is after (3. SEX FEMALE 4. RACE S. DATE OF BIRTH FEMALE 5. DATE OF BIRTH FEMALE 4. RACE WHITE 5. DATE OF BIRTH FEMALE 7. DATE OF BIRTH FEMALE 6. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. IF UNDER
thin 24 hours after death. Filled in by the funerol n popers. Pages 1 ond 2	70. BIRTHPLACE (Stote or foreign country) WASH., DC U.S.A. 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED XX DIVORCED MONTGOMERY CO. Md.
within within tely fille	10. CITY OR TOWN OF DEATH ROCKVILE 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of most in the during most in the during most in the during most of most in the during most in
physician ond completely ten please remove corbon ovol, ond in any event, wit	130. USUAL RESIDENCE (Where deceosed lived if institution: Residence before odmission) STATE VIRGINIA USB. COUNTY CE WILLIAM LORTON 13d. INSIDE CITY LIMITS? 13d. INSIDE CITY LIMITS? 13d. INSIDE CITY LIMITS? 13d. INSIDE CITY LIMITS? 13d. STREET AND NUMBER 6029 — RIVER ROAD 14. FATHER'S NAME First Middle Lost List Middle Lost Midd
e be ey an ond ase ren	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost HENRIETTA W. BECKSTEDT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address
physici phen ple	Yes, no or unknown) (If yes give war or dates of service) 577-40-5426 REV.DR.RICHARD REICHARD -NLH - ROCKVILLE, MD
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death he hospital or attending physicion. his certificate has been signed by the attending physician and completely filled in by the funeral stoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 Dept. of Health prior to burial, cremation, or removal, and strangerent, within 72 hours after death	BE. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave)
uires thot Nysicion. gned by th rrial-tronsi	rise to immediate cause (a). stoting the underlying couse (b). DUE TO, OR AS A CONSEQUENCE OF (c).
www.requipply.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) LET CONDITION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) LET CONDITION TO DEATH DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 120b. IF VES, WERE FINDINGS CONSIDERED IN CERTIFYING
ICIAN: The law repitol or ottending rifficate has been d for use as the of Health prior ta	YES NO X CAUSES OF DEATH?
SICIAN spitol certificated for it. of Her.	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 19
DING PHYS by the hosy (frer this cer be detoche State Dept.	While Not while of work of wor
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or ottending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detoched for use as the burial-troushould be filed with the State Dept. of Health prior ta burial, cre	22a. I certify that (I) (this hospital) attended the deceased fram 2, 19 2, ta May 1, 19 2, that (I) (we) last saw the deceased alive an May 1 19 2, and that in (my) (ver) apinian death accurred an the date and haur and fram the causes stated above, (I) (we) (did) (did not) view the bady after death.
moy be retained RAL DIRECTOR: A poge 3 should be filed with the	22b. SIGNATURÉ ## DEGREE PHYS. 22d. PHYSICIAN'S 22d. PHYSICIAN'S 22d. ADDRESS 22e. ADDRESS 22e. ADDRESS
O HOSPITAL Poge 4 moy O FUNERAL I director, pog should be fil	NAME(TYPE) HAROLD F. MCCANN 3355-16th H. N. WASAR. D.C.
	REMOVAL (Specify) MAY 5, 1982 PROSPECT HILL GEMETERY WASHINGTON ADDRESS 1250. REC'D BY REGISTRAR 25b. REG'STRAR SAIGNALURE ADDRESS
VR A15 (4) 30M REV. 1/68	HYSONG COMPANY - 1300- N ST., NW WASH., DC DATE MAY 1 4 1982

MAKILAND STATE DEPARTMENT OF HEALTH

		建水学公司 阿 斯尔
70 - 20 13		
	Anna Tille	00,.
Lanut amer Legel (Control was		No.
		NOTES IN
	.5 7	
	di d	
	Mark Con E STATE	

	and the same of th		STATE OF MAKYLAND		
10 1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rGIENE 8 2	13173
(1)	DECEASED NAME FIR	1	Bland	20. DATE OF DEATH MAY	, 23 82 210 pm
3	Male	Caucasian	May 28, 1913	6 AGE (IN YEARS LAST BIRTH)	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
Duc	BIRTHPLACE (STATE OR FOREIG COUNTRY) Mississippi		MARRIED X NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR Montgom	
	Bethosda	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Y ACCOUNTA	
130 N	Maryland Mc	one or other institution give residence before county 13c. CITY or tow ntgomery Bethes	da 13d INSIDE CITY LIMITS?		Oak Drive
1850	FATHER'S NAME FREST HOTATIO WAS DECEASED EVER IN U	O. Bland		MIDDLE	Richardson
he medica	(YES, NO OR UNKNOWN) (IF	zes. Give war or dates) 216 44	9377 Frances	Bland Wife	Same as item 13
on, or removal	PART I. DEATH WAS O	DUE TO, OR AS A CONSEQU	wespecting a	tramed at 05	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
, or other trau	Conditions, if any, whi gove rise to immedia couse (o), stating t underlying couse lo	he DUE TO, OR AS A CONSEQU	many outing	dua	10 years,
8 shows ony injury			OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
		OF DEATH HOUR A.M. MONTH D	AY YEAR	YES NOLLA	YES NO
orked or Item	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, I	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
2) is mo	sow the deceased all above, (1) (we) (did) (did)	hospital) attended the deceased from ve on 198	, ond that in (my) (our) opinio	n death occurred on the date	ond hour and from the couses stated
NT: If Item	22b. SIGNATURE	about I le	ATTENDING PHYSICIAN	MEDICAL STAFF DRECTOR ☐ PHYSICIA	77. DATE SIGNED 5-23-82
MPORTAN	Samuel	D. Goldbarg M			ie Rockville, and
230	BURIAL, CREMATION, REMO	26,1982 Pa	NAME OF CEMETERY OR CREMATORY .rklawn Memoria	1 Rockvi1	
M 1/81 24	HOMES, P.A.,	DBERT A. PUMPHRE BETHESDA, MARYLA	Y FUNERAL ND 250 P	ATE REC'D BY REGISTRAR 25	REGISTRAR'S SIGNATURE

CALL STATE OF THE SECOND S the start of the representation of I will settlety their of in my me havelend the state of the s and the section of th the series of th James West House His S. Kills Tike Berkeller

**	1,	FOR - STATE	DE	PARTMENT OF H	OF MARYLAND ALTH AND MENTAL HYG	IENE 8 2	1 3	17
death	I. DE	REGISTRAR CEASED NAME FIRST CORPRINT)	RON S.		CATE OF DEATH	REG. NO	5 · 28	YEAR 26. HO
rs after dec	3. SE		RACE White	5. DATE O		6. AGE IN YEARS LAST BIRT		DER I YEAR IF UND
Life.		RTHPLACE (STATE OR FOREIGN COUNTRY) Poland	76. CITIZEN OF WHAT COU	WIDOWEL	NEVER MARRIED DIVORCED	Montgo	mery	
e filed wit	TA	ITY OR TOWN OF DEATH KOMA PARK AL RESIDENCE LIF NURSING HOURS	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV ASHINGTON OTHER INSTITUTION, GIVE RESIDENCE	E STREET ADDRESS) ADV ENT		Executiv	WORKING LIFE IN WORKING LIFE IN P	G. P.
should b	*13a. ∶		INTY 13 CITY O	LPH I	13d. INSIDE CITY LIMITS? YES ** NO		LANJE	R ST
1 and 2		Joseph vas deceased ever in u.s. a	Bla	uer	Bertha 17 INFORMANT	MIDDLE		Blatter
physician and control and				03-7057	Joseph Bla	uer; 880	Diamon	sburg, d Drive
en signed by the attendin Then please remave carb at to burial, cremation, ar- rinjury, ar ather fraumatic	TION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT		ISEOUENCE OF				
nsit permit giene prin shaws an	CERTIFICATION	19a, DATE OF OPERATION	19b. CONDITION FOR V	WHICH OPERATION		YES NO X	IN CERTIFYING	RE FINDINGS US G CAUSES OF DE NO
ter this certificate is the burial-transit hand Mental Hyginked ar Item 18 shr	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D. IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK AT WORK	EATH HOUR A.M. MONT	19	216. HOW INJURY OCCURR 216. LOCATION STREET	CITY OR TOV		OR PART 2)
tached for use of Dept. of Health		22a.1 certify that (I) (this has saw the deceased alive a above, (I) (we) (did) (did n 22b. SIGNATURE.	111111111111111111111111111111111111111	_19 & an	d that in (my) (aur) apinion of EGREE			that (I) from the causes
should be deft with the State	230	22d PHYSICIAN'S NAME TYPE HARVEY SURIAL, CREMATION, REMOVA	ORPRINT) KATZEN IL 123b. DATE	M)	PHYSICIAN 220. ADDRESS 6525 METERY OR CREMATORY	MEDICAL STAF	Hyai	Hsville,
		Burial	5-30-82	Geo. W	ash. Cem.	Hvatts	villle	утии МД
0M 2/80 , 4)		UNERAL DIRECTOR NAME ANZANSKY-Goldbe	erg Chapels: Î	ROCKVI 170 Rockv	lle,Md. 250 DAT Ville Pike	E REC'D. BY REGISTRAR	156. REGISTRAR	SSIGNATURE

V 1 8 1 8 1 1 40 1 70 No. Market Co. 11.5

sella to	2	OR STATE REGISTRAR CEASED NAME (MS)	BIDDIN	DEPARTMENT OF H CERTIF	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 2 REG. N	1 3	1 7
	1	anna	I. HACE	LS DATE O	Blum	4 AGE INVENSIASTE	5-9-	82 7:20 A
	3.56	Janual	white	DUNTRY	- DAY JEAR	39	YRS.	DAYS MUNIS SA
1 91	7 4	COUNTRY) COUNTRY) COUNTRY) COUNTRY) COUNTRY) COUNTRY) COUNTRY)	you (WEDOWE	DI NEVER MARRIED DI DIVORCED DI DIVORCED DI DIVORCED DI DIVORCED DI DIVORCED DI DIVORDI DI DI DI DIVORDI DI DIVORDI DI DIVORDI DI DIVORDI DI DIVORDI DI DI DI DIVORDI DI DIVORDI DI DIVORDI DI D	M IZALUSUAL OCCUPAT	Merita	MELY KIND OFFILMESS
4 100	Ni.	AL RESIDENCE IN THE SALE OF	2831-Mari	autele	Dr. AS.	Chemistre		red.
Total 175	P	INTO Pa PA	P. P.	Citown Liter	YES NO I	1427 Resu	set At	7
1096		WAS DECEASED EVER HOUS ARM		IAL SECURITY NOT	17. INFORMANT	Not the	dable.	A A A A
ficote be esectioned by the section of the section			WAR ON DATES	01-5526	Tillie Oxo	uterg-18	31 Shannie	andile D
quires that the death certi- signed by the entending a hen please sensor carbon hen please, as entending ev-	NC	Conditions, if ony, which gave rice to immediate couse lost interface the underlying couse lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CO	ONSEQUENCE OF	NOT RELATED TO THE TER	MINAL DISEASE OR CON	EDITION GIVEN IN P	ART No:
he low as the low as t	CERTIFICATION	1% DATE OF OFERATION	1% CONDITION FOR	R WHICH OPERATIO	N WAS PERFORMED	20€ AUTOPSY?	20b. IF YES, WERE IN CERTIENTIC C YES	FINDINGS USED AUSES OF DEATH?
SELAN, The physician certificate certificate certificate certificate certificate female hygie from 18 about 18	MEDICAL CER	THE PROPERTY WAS UNDERLYING TO DEAL OF	TH HOUR A.M. MOT	NIH DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF MA	JET IN THEM IS FART TOP	P48(1)
NG PHY offer this on the bull is and M	MED	AT WORK DELINIONS	THE PLACE OF INJUR	OFFEE FARM, ETC.)	711 LOCATION	CITY OF I	омн сои	PATE STATE
ATTENDS spiral or CTOR. A Ifor use		279 I certify that This hospit few the deceased aligned above (Diwe) (did) faid and	ol) Wended the decease 9-82 (view the body after dep	ah. 19 or	d that in (our) opinion	to 5-7-3	late and hour and fr	St. HOUSE SHIP SCHOOL
SPITAL OR AL d by the hose NERAL DIREC be detached the Estate Dept.		Clicul 4	Landy	N	ATTENDING PHYSICIAN 1224 ADDRESS	DIRECTOR D PHYS	FF /	54 82
O HOSPITAL TO FUNERAL Mould be det with the Stote MPORTANT		Charles LT	author To	-	11120 NOW	Hampshu as	is S. Wersy	7 mu 2090
BP	134	BLIRIAL CHEMATION, REMOVAL	May 10-198	82 FE Lu	EMETER OR CHEMATORY	Bleteuse	urg-P	Keo. M.
DHMH-16 30M 2/80 (VRA 15, 4)	X	Wether Xell	en se	254 Ear	rall of	MAY 18 198	2 Frances	La Nati

CAR THE STREET house of the second Mary Gradier - May he was held to be I william the see the seek Middle of Mills Carding 25 11 Margarith Fire was sell CM Proff Junit AT THE PROPERTY OF HE SHARE THE PARTY OF THE Execution May to Hit H Lancelley of Medicalary - P.

0 1 2 1 2 8 2 2 2 2 The state of the s LEINE CHARLES DE LE MARTINE DE LE CONTRACTOR DE LE MARTINE DE LE CONTRACTOR DE LA CONTRACTO

DEPARTMENT OF HEALTH AND MENTAL HYGIENE . - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR Emmeline MIDDLE Etchison 1. DECEASED NAME LAST Bowen 20. DATE KNOWN (TYPE OR PRINT) SMMIE NAWEN " DEATH MATED 4 RACE 5 DATE OF BIRTH SEX IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR YEAR PRONOUNCED 10 30 DEAD 06 15 YRS TA BIRTHPLACE ISTATE OR 76. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Virginia U.S.A. WIDOWED 3 DIVORCED IN CITY OF TOWN OF DEATH 20. USUAL OCCUPATION (TYPE OF WORK IT NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Clerk (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Suburban Hospital U.S. Govt. Bethesda USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 9405 Seven Lockes Road Montgomery Bethesda Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Hopper Fannie Bowen Emmett 16a. WAS DECEASED EVER IN U.S. ARMED FORCES TAL SOCIAL SECURITY NO 17. INFORMANT 9405 Seven Lockes Road (YES, NO, OR UNKNOWN) Bethesda, Maryland Mary B. Kremer 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH Cardiac PART I DEATH WAS CAUSED BY: 5 MIN . IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF arteriosclerosis Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL YES [NO X DEPARTMENT 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 71c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 RDED TO THE GE 3 SHOULD E HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE STANDORE, MARYLAND, 2 276. I certify that I took charge of the remains described above, held an Autopsy and in my opinion death resulted from: Natural causes Homicide Undetermined monner TITLE (SPECIFY) SIGNATURE EXAMINER'S NAME 8218 WISCONSIN 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 231. NAME OF CEMETERY OR CREMATORY (SPECIFY) Shepherdstown, West Virginia 6-1-82 Elmwood Cemetery Burial 24 FUNERAL DIRECTOR Jos. Gawler's Sons, Inc. 256. DATE REC'D. BY REGISTRAR 256 POSTRAR'S GNATA **DHMH - 17** 5130 Wisconsin Avenue, N.W.-Washington, D.C. (VR A15 ME (5)

15M 2/80

STATE OF MARYLAND

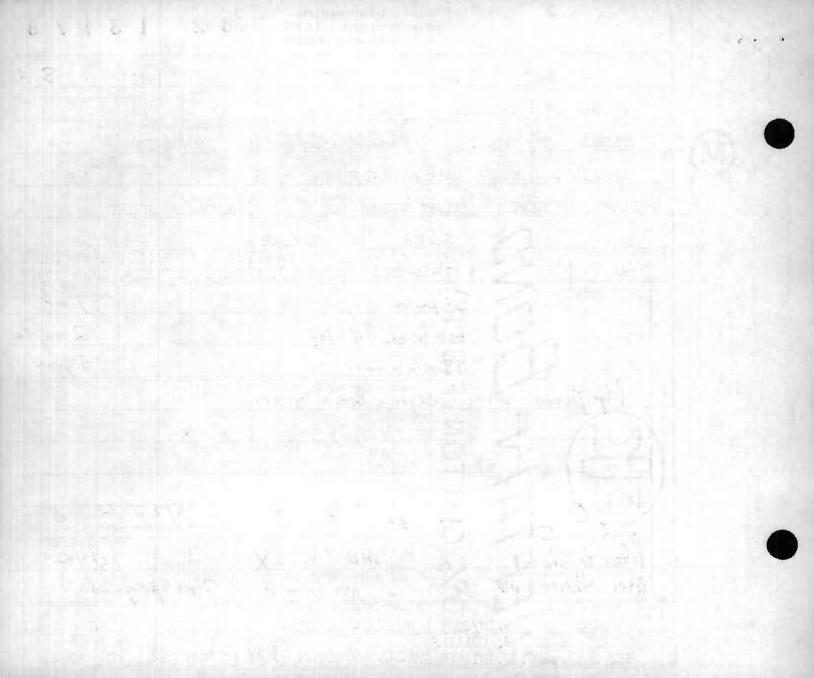
A THE STATE OF THE STATE OF THE SECOND PROPERTY. I THE STREET first more subjects. extens. nerro tro- es local moves (S+C) Brigged , handed manual . yant 871-67-67 BEST A SOL WILLIAM Militaria com and discount constitution of Si-1-3 .out ,each pixelant .cos 5130 taccounty (Avenue, T.R. - and tack of Co.

	4	of
	960	urs
	ıć.	1
	leot	ion and campletely filled in trs. Pages, 1 and 2 should be the medical examined missib.
	er	FEARD.
	0	110
	ours	100
	4 h	P P 2
	0.2	Ho Po
	- -	12 s
	P	ond ond
	cute	0 2
	×	ogo ogo
	pe	S. P.
	ate	yol.
	tific	ph in po
	e Ce	ling irbo or re fice
	0	e co
	e d	mov antic
	+	ren her
	tho	al, c
	eş.	n pl
	nba	The The
	3	freate hos been tronsit permit il Hygiene priar il 8 shaws ony i
	0	os los los los los los los los los los l
	The	sho sit
	hys	HY 18
	10	erti iol- iol- iol- iol-
	HYS	bur Me
	C) b	the the
	Z	Afte slith narl
	N -	He is
	ATTI	CTC d for 12 1
B	P P	hec hec hen hen
	AL C	AL C etac te C te C
	PIT, by	Sto de d
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page*4 retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in the should be should be detached far use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or Item 18 shaws any injury, ar other troumatic event, the medical (xaminer missib).
	O	O de
	F =	- V

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

	STATE OF MARYLAND 1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 3 1 7 8 CERTIFICATE OF DEATH REG. NO.							
	1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE		AST	20. DATE OF DEATH	MONTH DAY YEAR	2b HOUR	
	MAF 3. SEX	RY T.	5. DATE C	BOREN	MAY 7.		3 Am	
	FEMALE	CAUCASIAN	MONTH	DAY YEAR		MONTHS DAY		
	70. BIRTHPLACE (STATE OR FOREIGN	7h CITIZEN OF WHAT COUNTRY? 8			77 YRS 9 BALTIMORE CITY OR COUNTY OF DEATH			
١	NEBRASKA	11 0 1		D NEVER MARRIED D	MONTGOMERY			
	ROCKVILLE POTOMAC		SPITAL, NURSING HOME OR OTHER INSTITUTION CILITY, GIVE STREET ADDRESS) VALLEY NURSING HOME		120 USUAL OCCUPATION 125 KIND OF BUSINESS OR 174PE OF WORK FOR MOST OF WORKING LIFE 1 INDUSTRY W & L			
1		INTY 13c. CIT	DENCE BEFORE ADMISSION) Y OR TOWN VER SPRING	YES XX NO 🗆	13e STREET ADDRESS 2202 DARROU	V STREET		
	14. FATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NAM	MIDDLE		AST	
Ž.		IRA TALBOT FLORENCE GI						
CERTIFICATION		IVE WAR OR DATES)	9-22-2268			7924 JULLIA THESDA. MD.	RD DRIVE 20817	
		NO 579-22-2268 BARBARA J. WATKINS BETHESDA 18. CAUSE OF DEATH (Enter only one couse per lipe-for (o), (b), ond(c),)						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) SEPAIA						NONSET AND DEATH	
	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which						2 months	
	gave rise to immediate couse (a), stating the underlying cause last					5	years.	
	PART 2/OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.							
	190, DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES []	S OF DEATH?	
		210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH OR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PAR						
	OR CONTRIBUTING CAUSE OF DE LIFETIMER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJU	19 RY	211 LOCATION				
	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTO	ORY, OFFICE, FARM, ETC)	STREET	CITY OR TOW	N COUNTY	STATE	
	220 I certify that (1) this hasp	220 certify those (1) this hospital) ottended the deceded from 1990, 1990, to 37, 1990, those (we) lost sow the deceded alive and how and ho						
	obove, (I)/we) (did) (ofd not) view the body ofter death. 27 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTO							
	22d PHYSICIAN'S NAME (TYPE	OR PRINT)		1109 Spring A	Silver	Spring me	. 10	
	230 BURIAL, CREMATION, REMOVAL		23¢ NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	CTATE	
	BURIAL	5/10/82	PARKLA	WN CEMETERY	ROCKVILLE		Mb.	
	24 FUNERAL DIRECTOR FRANC	IS J. COLLI	NS PRESS	250 DATE	REC'D. BY REGISTRAR 2	Sh REGISTRAR'S SIGNA	TURE	
1	500 UNIV. BLV	V.W. SILVE	K SPKING, I	MU. 20901 MA	11 13 1487	Many Qu	11.71	



F. Gasch's Sons F.H. P.A. Hyattsville, Md.

- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO 26 HOUR 1982 0:58a. IF UNDER 1 YEAR IF UNDER 24 H BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR INDUSTRY Own Home 7503 Laytonia Drive Pilkerton Address Same as No# 13e. 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T COUNTY (our) pinion death occurred on the date and haur and from the causes stated Arlington Va. A PAJE PEC'D. BY REGISTRAR WE REDTS

event sper is			winn in		
	1	con 1.1, 100	Octo	7134	PURINE
	vieworthol)	X		L - 2 - 1	bar [van]
own lose	chiannyo!		fadique) teon	on Work Ca	Silver Spri
ovialoi	andys Torm	х	gar'simotys]	vasi or tuo	hast as/
Pilkerton		Composition	Tober		actor
Address San on SA	11.6	seno C. Pere	2072-02-072		0/1
	X				
			2.16	12/201	Bet all
14/2017		10 CO		raich 15	
ii notoniiat					

r. mechis Sons F.H. W.A. Bystheville, Md.

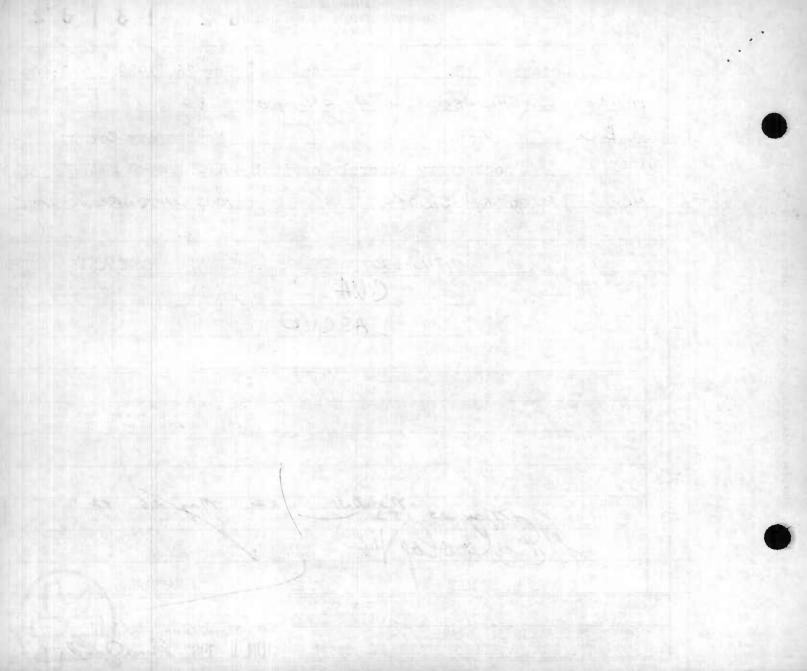
Edith Townon Boyou. The Same Ball Talent Same Terriend Menty Source Source V 14 Commenter Chi William C. F. French Hander - Landell. The State of the S Control of the Contro

Items 13a-e per phone 6/14/82 dadtate of Maryland

W. W. Chambers Co. 8655 Georgia Ale, Sil.

(VRA 15, 4)

Trees | Sweet per plane by the man man Assessment of the second of th Land the second to the second second



FOR - STATE

REGISTRAR

ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO | YES ' 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE 1052 42, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN CITY OR TOWN BP 24 FUNERAL DIRECTOR 25e. DATE REC'D. BY REGISTRAR DHMH-16 25M NAM (VRA 15, 4) 1/79

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

CERTIFICATE OF DEATH

REG. NO

DAY

YRS

YEAR

IF UNDER I YEAR

INDUSTRY

AONTHS DAYS 7h. HOUR

17h. KIND OF BUSINESS OR

IF UNDER 24 HRS

8 8 8 8 8 8 8 Example of the second s 25 hobs as here = 1900 = 3,445 Mills Ust Protocolo Sint has the Harring Co Committee AND THESE STATES OF MARKED REL MAX W K-LART ACINA WISH NO STATE THE RELIGION OF BUTTER SEE FOR Marine Farmence AND There I was Promis story is St. progs 10 servente hours 1st of it is the tar from the full many

3 1 8	Part S. Barrier S. Carlotte C.	
unice and M		
	Ensert Constitution (enclosed to the	
		1 10

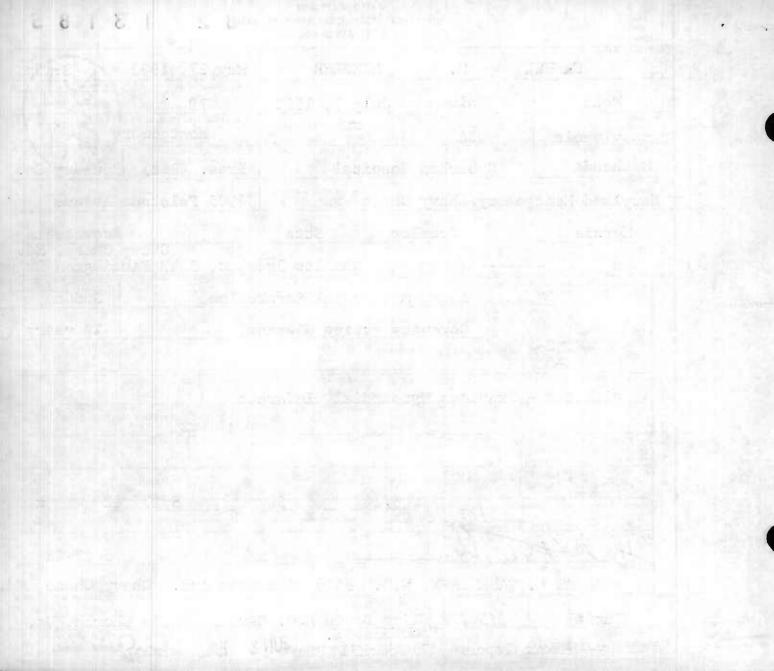
- STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

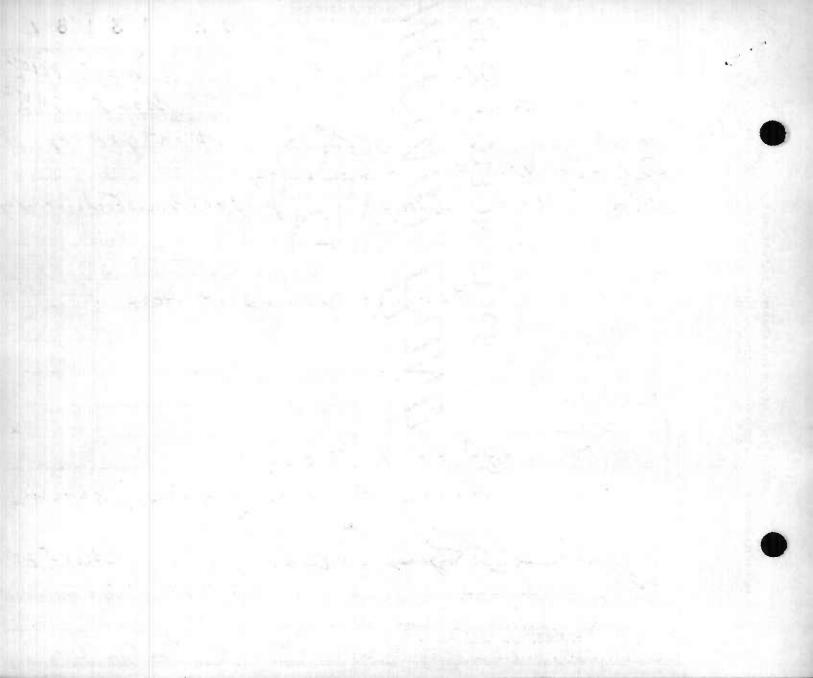
CERTIFICATE OF DEATH

REG. NO

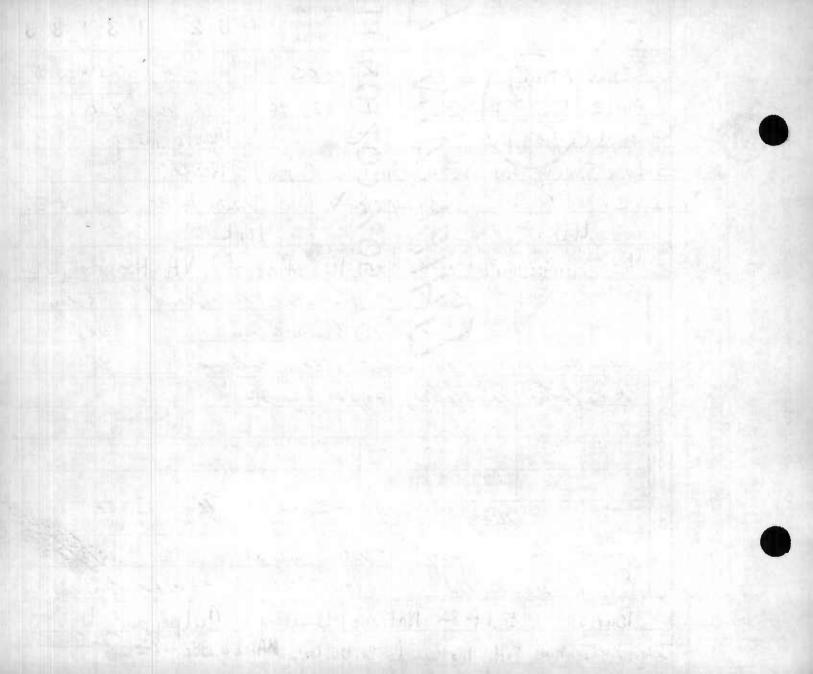


	THE TEN	STREET, STREET, 1970
		colli in the second second single
	mmzoziok.	ALBERT SHOULD SH
145	DA ROMENE TUCO	Augusti Statopede martiar
TO ENGL		STREET, THE STREET, ST
		Later Control of the
as backers		and the street of the street of the street of
III. Cookey	A most Sin	TAKKEMI TORIC TORIC SELENT AND AND WE REEL AND COME. SEPTEMBER AND WE REEL

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME Zo. DATE KNOWN TYPE OR PRIM OF ESTI-DEATH MATED DATE LAST BIRTHDAY) PRONOUNCED 0 DEAD 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) MARYLAND DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS PHARMACIST EMPLOYED 130. STATE 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST LAST GEORGE BRINSFIELD MAUDE HARRIS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO ADDRESS DIVISIO 220-01-9884 BRINSFIELD SAME AS 13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BURIAL-TRANSIT PERMIT. MENTAL HYGIENE, N. OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED/ 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? STATE DEPARTMENT OF HI , 21201 PRIOR TO BURIAL, 20 AUTOPSY? YES 🗌 NO DE FORWARDED TO THE COR: PAGE 3 SHOULD BE 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 MONTH DAY UNDERLYING CONTRIBUTING CAUSE OF DEATH (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK 140 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE STYLMORE, MARYLAND, 2 220. I certify that I taak charge of the remains described above, held an Inspection death resulted fram: Undetermined manner Hamicide TITLE (SPECIFY) MEDICAL EXAMINER XAMINER'S NAME JOHN S ROGERS ADDRESS 1919 SEMINARY ROAD, SILVER SPRING, MD. TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION COUNTY MD. CEDAR HILL CEMETERY SUITLAND PRI GEO BURTAL BP. 24. FUNERAL DIRECTOR FRANCIS J. COLLINS 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 500 UNIV. BLVD., W., SILVER SPRING, MD. 15M 2/80



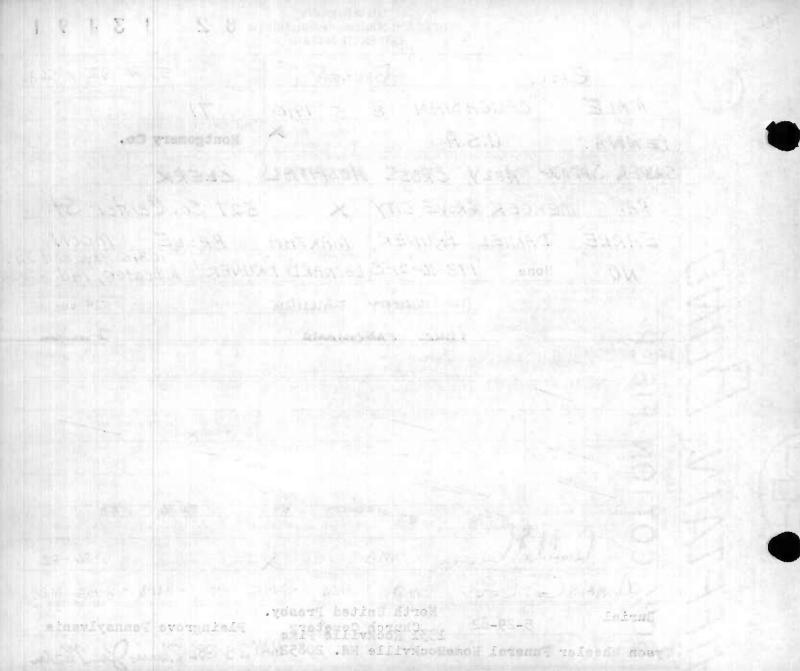
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED SEX 5. DATE OF IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New York USA DIVORCED WIDOWED DS 201 W 18. CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORLD 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) OR INDUSTI Librarian assistant RM PM 3. RETAIN F 1 AND 2 SHOULD BE 1 OF VITAL RECORDS. 13a. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, MIDDLE MIDDLE Archibald S. Martin Moe Ethel FORM 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESalls Church, Va. ED AS A BURIAL - TRANSIT PERMIT. PAGES I HEALTH AND MENTAL HYGIENE, DIVISION IL, CREMATION, OR REMOVAL. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES! 126-14-0411 Donald J. Brown 809 West Broad St. no CAUSE OF DEATH (Enter anly one cause per line fgr (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION WRIDING THE CONTROL MARDED TO THE CONTROL AND PAGE 3 SHOULD BE USED A STATE DEPARTMENT OF HEA 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO A CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 211 LOCATION STATE D STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an Autapsy Inspection and in my apinian death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE John S. Rogers Silver Spring, Md. Seminary Road TYPE OR PRINT 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. DATE (SPEC Burial 5/21/82 Parklawn Memorial Park Rockville, Maryland 74 FUNERAL DIRECTOR Wheeler Euneral Home, Inc. 1331 Rockville Pike Rockville, Maryland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5) 15M 2/80

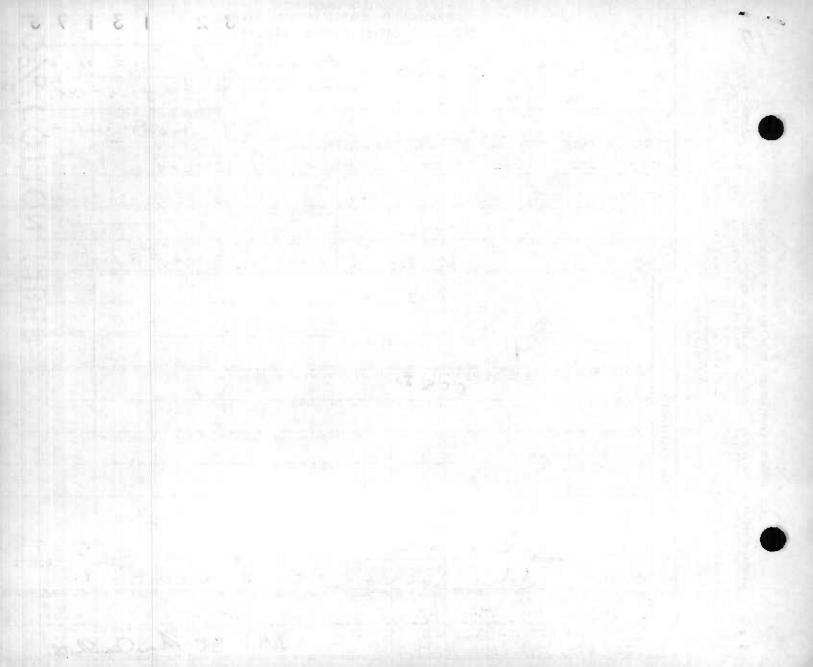
Are Lough 3. Largan branch the angent the Post aug . I have the first John C. Topper Se Capper Jell Little Spring, Ed. And Torrett . Clevibal wind to County and County Laxing Laxing 1930 - Colivable line Mockville, Enryland

0.2 1 2 1	5 6 00				
	Yes				
					Index 1
Lews .			11.0		
\$9.10			- DELEGISTA		A SALVENT
Services					
, 1880 2	m na cana.	the of version	ARE SERVICE	مند مننا نوش	
	1000				
		مه خشور	· Newscar		
	*				
		37			-
(507					
		aut l'est i			fa Suid.

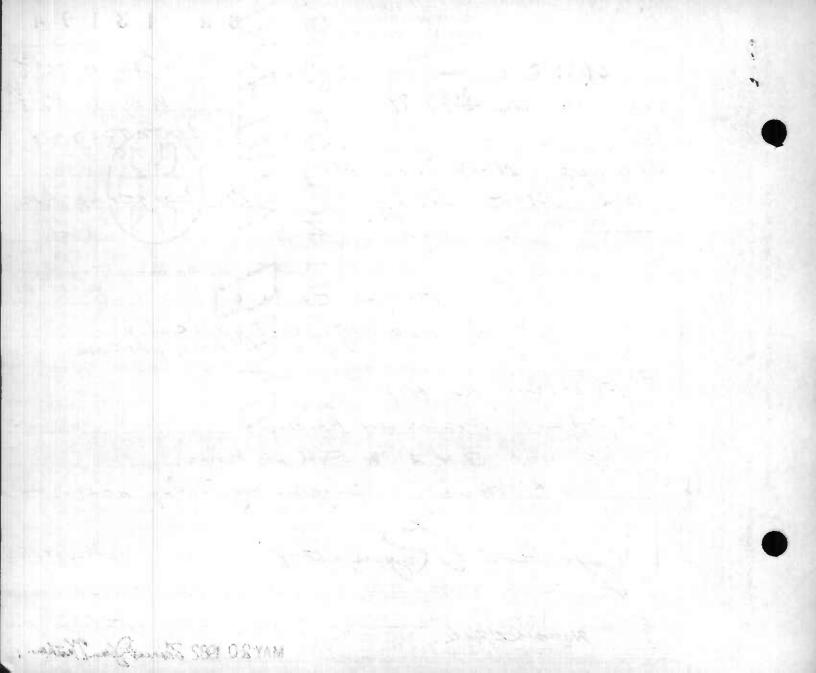


司名 (2007) 30 30 30 10 10 10 501 THE STATE OF THE PARTY OF THE STATE OF THE S MINE 17 STATES Markey Carpan Son San Jan Jan 2 2 2 2 2

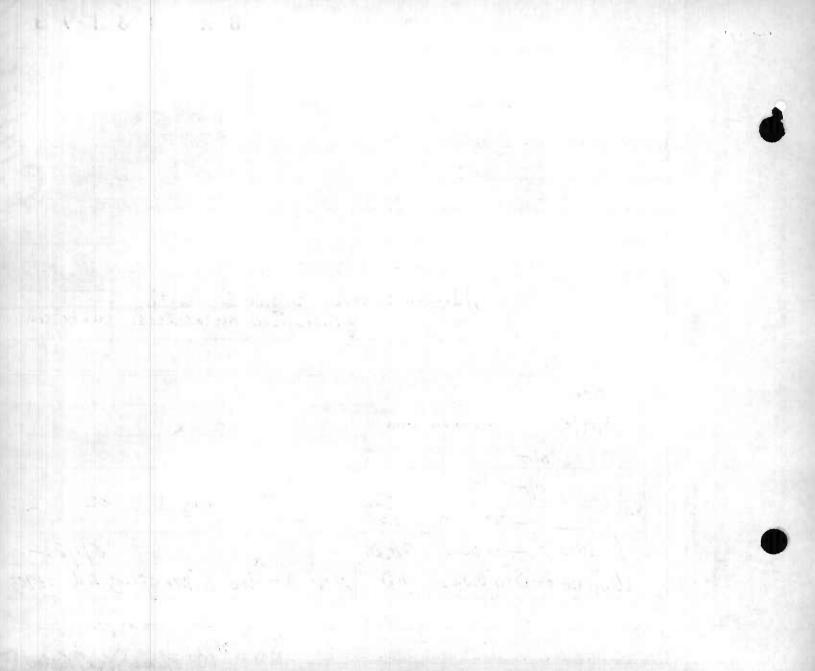
- 10	1-	FOR STATE REGISTRAR		ME		STAT MENT OF H EXAMIN	EALTH			0	_ 60	REG. NO.	3	1,9	3
PEASE CTOR.			E ISO	5. DATE OF BIRTH	MIDDLE	16. AGE (IN YEA	1	DER 1 YR.	IF UNDER	24 HDS	OF DEATH A		MONTH MONTH	19	AD W
DIRECT PURPLES ON STATE	3. 3E/	E	w	MONTH DAY	YEAR OS	LAST BIRTHDA	MONTE		HOURS	MIN.	PRONOUNC DEAD		-25	82	1155
IS NECESSARY, PEASE E FUNERAL DIRECTOR. ES FOR YOUR FILES. ED, WITHIN 72-POURS.	FO	RTHPLACE (STATE C REIGN COUNTRY) SSACHUS		7b. CITIZEN OF W			8. MARRI WIDOW	ED	VER MARRI	ED X	9. BALTIMO	RE CITY OR	COUNT	Y OF DEATH	, MD
DELAY IS N 3 TO THE FL N PAGE 5 0 BE FILED.	Ch	ty or town of d evy Chas	se	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION [IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS] 12b. KIND OR IN							OR INDUST	TRY			
21201 F ANY F AND 3 AND 3 PETAIN POULD RECORD	130. S	ryland		gomery	113c CITY	OR TOWN	.,	13d. INSIDE CI YES X	TY LIMITS?	13e. STRI	EET ADDRESS 80 Wi	scons	in	Avenue	e
DEATH. III.	A PATHER'S NAME Walter Walter Walter Wolden of the part of the				Bry	LAST ant CIAL SECURITY	NO	A]	R'S MAIDE INST Lice		MIDI	ADDRESS		betts	
SALTIM S AFTER GIVE PA TITH FOR PAGES VISION	(Y	es, no, or unknown)	(IF YES, GIVE W		1000	-12-26		Mari	i1yn	В.	Godda	rd Hi	Pr		
HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS N RED "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FILLIFF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5: USED AS A BURIAL - RANIST PERMIT. PAGES 1 AND 2 SHOULD BE FILLED. OF HEALTH AND MENTAL HYGIEINE, DIVISION OF WAL RECORDS. 201 WIRLL, CREMATION, OR REMOVAL.	NO	Conditions, if	ony, which o immediate ing the <u>under-st.</u>	CAUSE (0) DUE TO, OI (b) DUE TO, OI (c) DIRIRUTING TO DEATH	R AS A COI	Spirat NSEQUENCE C)F			RT 1 (α).					
SHOULD IS SHOULD IN THE WORD "PER WORD" PER WORD "PER WORD IN TO F HEAD IN TO F HEA	CERTIFICATION	19a. DATE OF OPE		19b. COND		WHICH OPER				D. ENITED I	NATURE OF INJUR	av iki itë sa 10 Ba	07.1.08.840	ZB AUTOPS)	NO E
DIVISION OF VITAL RECORDS, HIS CERTIFICATE SHOULD BE EXECT WRITING THE WORD "PENDING" WARDED TO THE CHIEF MEDICAL AGE 3 SHOULD BE USED AS A BUR TATE DEPARTMENT OF HEATH AND ZIZOI PRIOR TO BURIAL, CREMATI	MEDICAL CE	UNDERLYING CONTRIBUTING [21d. INJURY OCCU	OR CAUSE OF D	HOUR A./ PEATH P./ 21e PLACE	M. MONTH		211. LO	CATION	OCCURRE	D (ENIEK)	CITY OR TOWN		COU		STATE
DIVISION OF VITAL R TO MEDICAL EXAMINER: THIS CERTHCATE SHOULI EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF H BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL,		220. I certify the death resulted from ACTUAL SIGNATURE EXAMINER'S NAA (TYPE OR PRINT)	am: Naturo	e of the remains de al causes ,	Accident		Autop	, Hamio		Undet	Inquiry [ermined man ICAL EXAMII	ner .	DATE SIGNE	5-2	5-82
Bb——	-{:	urial, cremation specify) Cremation	on 2	28. 198	2 M	NAME OF CEA etropo	lita	an Cr	em	A'				rginia	YEAR 2d HOLE YEAR 2d HOLE AM ATH MD OF BUSINESS ADUSTRY GOV't. MASS CONTINUE TOPSY? STATE STATE
DHMH - 17 (VR A15 ME (5))		UNERAL DIRECTOR NAME IOMES, P		ADDRES	pphre	ey Fûn	eral		JUN	T REC'D. BY	registrar 1987	Plane	RAR'S S	Marth	



12	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE ")	7108
1-	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	0 1 7 -1
	ECEASED NAME FIRST MIDDLE T. O. LAST 20. DATE KNOWN DE	AONTH DAY YEAR 26. HOL
(1)	YPE OR PRINT) Wilton Lee Bryant DEATH MATED ON	12 V /7 10 8 2 6 3
3. SE	TA PACE IS DATE OF BIRTH 16 AGE (IN YEARS IF LINDER 1 YR IF LINDER 24 HDS 27 DATE	ONTHE DAY YEAR 28. HOL
1	MONTH DAY 3, YEAR LAST BIRTHDAY MONTHS DAYS HOURS MIN PRONOUNCED DEAD M2	Y/7, 10 82 8
70.	BIRTHPLACE (STATE OR 76, CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COREIGN COUNTRY)	OUNTY OF DEATH
7.1	7irginia U.S.A. WIDOWED □ DIVORCED □ /U ON	tromery m
Ø 10. C	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)	WORT 126. KIND OF BUSINESS OR INDUSTRY
0	Ollops Hely Cross Hosp Farmer-Retire	d Farming
130	JAL RESIDENCE (IF IN AURS OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136. COUNTY 136. CHY ORTOWN 13d INSIDE (ITY LIMITS? 13e STREET ADDRESS	
7	May VESU NOW / //)	Crae Are
1	FIRST COLUMBUS MIDDLE LAST FIRST MIDDLE	LAST
1160	COLUMUS T. Bryant Laura A. WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. 17. INFORMANT ADARES.	Sisson
	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 16bb. SOCIAL SECURITY NO. 17. INFORMANT ADARBS 3 213-24-8808 George W. Bryant Sil.	
' -	18 CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).)	Spr Md
	PARTIDEATH WAS CAUSED BY:	BETWEEN ONSET AND DEAT
	MMEDIATE CAUSE (0). (DUE TO, OR AS A CONSEQUENCE OF	
MEDICAL CERTIFICATION	(b) Arterio ocleratio cardio UZS & Walz	V
	cause (a) stating the under-	renja
	lying cause last. (c)	,,,,
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o).	
_ 6	1-VECLUYE Rt. Flip	
7 3	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
CERTIFICATION	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 1216. HOW INJURY OCCURRED LENTERNATURE OF INJURY IN TIEM 18 PAR	YES NO
7 3		I I OK PART 2)
MEDICAL	CONTRIBUTING CAUSE OF DEATH PARCE OF INJURY (ATHOME 211) LOCATION	
A A		COUNTY STATE
		Mon D. Me
		n my apinian
	death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner .	
	ACTUAL SIGNATURE A STATE OF MEDICAL EXAMINER	DATE MZY 17/98
MAKE, MAKE	SIGNATURE MEDICAL EXAMINER	SIGNED
ZL.	(TYPE OF THIS) John S. Rogers DME ADDRESS Silver Spring, Ma	rvland
230	BURIAL CREMATION REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION	COUNTY STATE
	(STECHT)	Maryland
	FUNERAL DIRECTOR Howard Chale P.O. Box 7428 136. DATE RECD, BY REGISTRAR 1256. REGIST	RAR'S SIGNATURE
1	Warner E. Pumphrey, Inc. Sil, Spr., Md. MAY 20 1982 Zange	Van The Ther



t	1.	FOR - STATE REGISTRAR		DEPART	MENT OF HI	ALTH AND MENTAL H	0 12	1 3	195
Ala wa			MI	T.	BUCK	CLEY	MAY 1,	MONTH DAY	26. HOUR 12:02PM
ge 4 moy	3. SE	× M AL E	4 RACE CAUCAST	IAN	MONTH	DAY YEAR	6. AGE (IN YEARS LAST B	RTHDAY) IF UN	
death. Page 177 mg	The Carbon and the control of the co	DEATH							
by the filled with			(IF NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST	TION 12 OF WORKING LIFE) IN	DUSTRY
filled in nould be	130. 9	STATE 136 COUP	VIY	3c. CITY OR TOV	VN I	13d Inside City Lemits? YESXX NO [13e STREET ADDRESS 728 DEN		
ecuted within a completely es I and 2 se lond	14 FA	FIRST					MIDDLE	OWN	INDER I YEAR IF UNDER 24 HRS THIS DAYS HOURS MIN IZE KIND OF BUSINESS OR INDUSTRY VIL SERVICE NUE 20901 LAST S 13 WIFE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH UNDER 19901 COUNTY STATE TO PART 2) COUNTY STATE TO THE SIGNED THE SIGNED TO THE SIGNED THE SIG
Pag Pag		YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)		RETMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH REG, NO. 10 DATE OF DEATH NONTH DAY YEAR 12 HOUR 12 : 02 P				
g phys sanpap remavc		PART I. DEATH WAS CAUSE IMMEDIA. Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse lost.	DUE TO, OR	denocal as a conseou as a conseou	TC NOT	generaliza	ed metasti	ises.	Undeterm.
the low requires on the low requires on the been signe permit. Then permit Then pare prior to but was ony injury.	IFICATION	None .	19b. CONDITI	ION FOR WHICH	OPERATION		20a AUTOPSY?	20b IF YES, WE	RE FINDINGS USED CAUSES OF DEATH?
SICLA ng p certif inial-t ental		OR CONTRIBUTING CAUSE OF DE	HOUR A.M	MONTH D					
TTENDING PP. TOR: After th TOR: a ffer th for use as the af Health and 21 is marked c.	WE	220. I certify that (I) (this haspi	tol) opended the	deceased from _	Jan	19_71	o nay	19.	that (I) (wa) last
HOSPITAL OR A' Tined by the hoss FUNERAL DIRECT VIDENTIAL OR BETT VIDENTIAL THE STORE DEPT ORTANT: # them		226. SIGNATURE 226. PHYSICIAN'S NAMELITYPE O	Anups		n-D, °	ATTENDING PHYSICIAN		AFF _	
TO HOSPITAL retained by th TO FUNERAL should be det with the Stare	23n P	William +	123b DATE	7 ,	NAME OF CE	8106 NH	are Some	rapping	nd 20903
BP	1	BURIAL	5/5/8	82		IVET	WASHING	TON, D. C	•
DHMH - 16 60M 1/75 (VR A 15 (4))		OO UNIV.BLVDW	CIS J. CO SILVER		MD. 20		AV 6 1000	1 0	W 1



	200	PHINTS
	6	IV
	4	1
	ř	2 50
	#	20
	1	100
_	-5	34
	4	2.3
5	0	20
	9	5.8
2	4	100
5	-5	4.0
	3	10
£ .	70	88
u u	5	3-/
5	6	0.0
-	20	5.4
É	20	3 8 9
3	4	400
7	90	200
3	4	800
0	-	582
2	2	251
2	-	400
2	-	7 1 1
0	9	0.50
	8	14 2
1	1	A E
	TYSICIAN. The law requires that the death certificate be executed within 24 haum after death. Fage 4 may be ding physician.	us certificate has been usued by the utrending physician and completity filled in by the funeral different bund-training permit. Then please remove cotton pagers, Pages, Land 3 shalld be filled within 220 and the Mental Produce purp, to burish, cremation, or removal.
ON OF VITAL MECONDS, AND WINDSHIP ST., DALLINGRE, MARTENNEZ 11401	drig physician.	at a
	養養	200
5	× n	201
5	発力	3 6 X

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

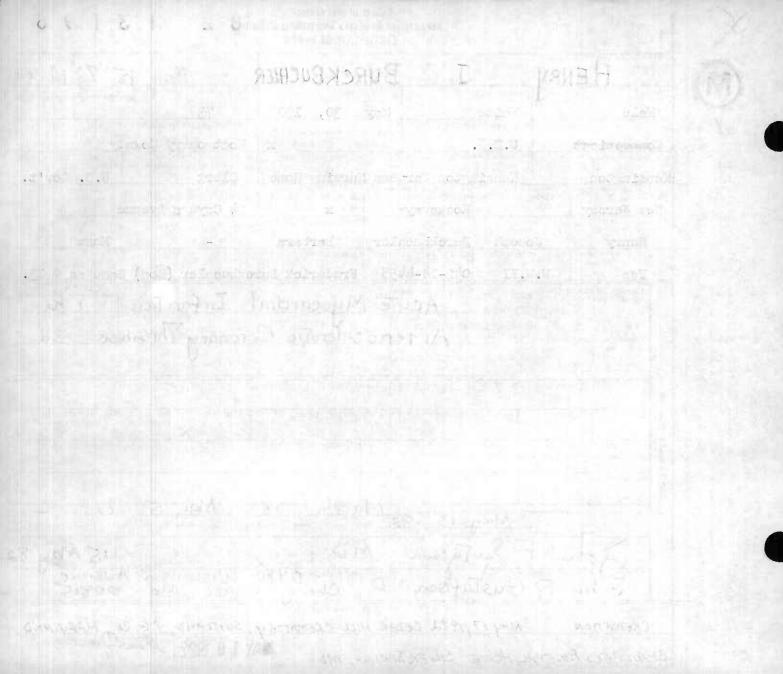
250 DAVEREC'D. BY REGISTRAN 251 (17.18 TITAL COLUMN 19.1982)

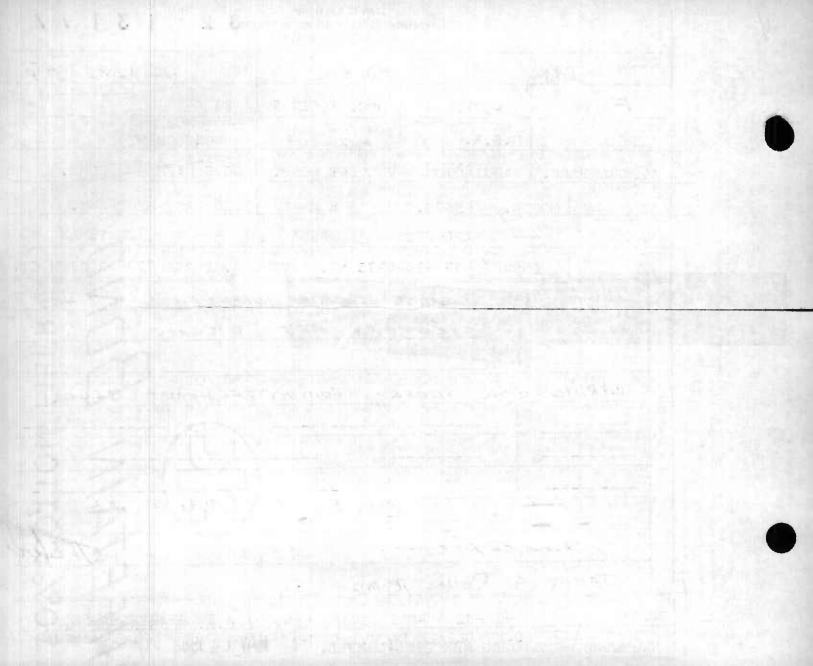
DE	CEASED NAME FIRST		MIDDLE		LAST		20 DATE OF DEATH	MONTH	DAY YEAR	Tat HOUR
(TYPE	EORPRINT) HENRY		T	RII	DAVE	UCHLER		MONTH.	15 9	26 HOUR
SE	1 2 3 1 7 7	4 RACE	4.	5. DATE O		u CIHEI	6 AGE (IN YEARS LAST BIR	THDAY	IF UNDER I YEAR	
	Male	White		May		1.908	72		MONTHS DAYS	HOURS
BI	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8			9 BALTIMORE CITY C	R COUNT	Y OF DEATH	
-000	country) onnecticut	U.S.A			D NEVER	VORCED I				
_	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN	G HOME (-	Montgomer			OF BUSINESS
01	ngington		CH FACILITY, GIVE STREET	_	Mandin	Uomo	(TYPE OF WORK FOR MOST C	F WORKING LI		
SU.	nsington AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION		ADMISSION)	Narstil	nome	Clerk		U.D.	Gov 1
	STATE 13b. COUN	1TY	13c. CITY OR TOWN	7	13d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS	A =====		
	ew Jersey		Rockaway		YES X	S MAIDEN NA	24 Cayuga	Aven	iue	
		MIDDLE	LAST	.7		FIRST	WIDDIE		LA	
. V		oseph MED FORCES?	Burckbuck 1166 SOCIAL SECUR		17 INFORMA	rbara	ADDRE	55	Munz	2
	YES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)								//
_		W.II	042-14-4		Frede	rick Bu	rckbuchler	(Son)		
	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly ane cause per	A .	ile	11	ardia	1 Infar	1	BETWEEN	XIMATE INTERVAL ONSET AND DE
CERTIFICATION	PART 2 OTHER SIGNIFICANT (ONTRIBUTING TO D		50 50		INAL DISEASE OR CON	20b. IF YE	VEN IN PART 1	INGS USED
	V 1						YES NO X	Y	ES 🗌	NO 🗌
	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	in .	M. MONTH DA		21c HOW IN	JURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
Trend and	(IF EITHER NOTIFY MEDICAL EXAMINER		M. OF INJURY	19	211 LOCATIO	ON	· · · · · · · · · · · · · · · · · · ·			
	NOT WHILE		REET, FACTORY OFFICE, FA	ARM. ETC)	STREET		CITY OR TO	IWN	COUNTY	STA
	22a.1 certify that (I) (4his hospi			M	arch	78	May	15	10 02	1
	saw the deceased alive an abave, (I) (wa) (did) (did no	May	1 13 108	2,0		(our) opinian	deoth accurred on the	ate and ha		thot (I) (we causes stote
	276 STRUCTURE	= 0	Tapon			ATTENDING PHYSICIAN	MEDICAL STA			May
	John F.		afson,	M.D.	22e ADDRES	5480 ev4	Chase, 1	wid.	Aven 208	
	BURIAL, CREMATION, REMOVAL	23b DATE	23c N	AME OF C	EMETERY OR	CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	
	CREMATION	MAY 17	1.1982 CE	DAR I	HIL CO	EMPTT PL		P.G	CO MA	hellen

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

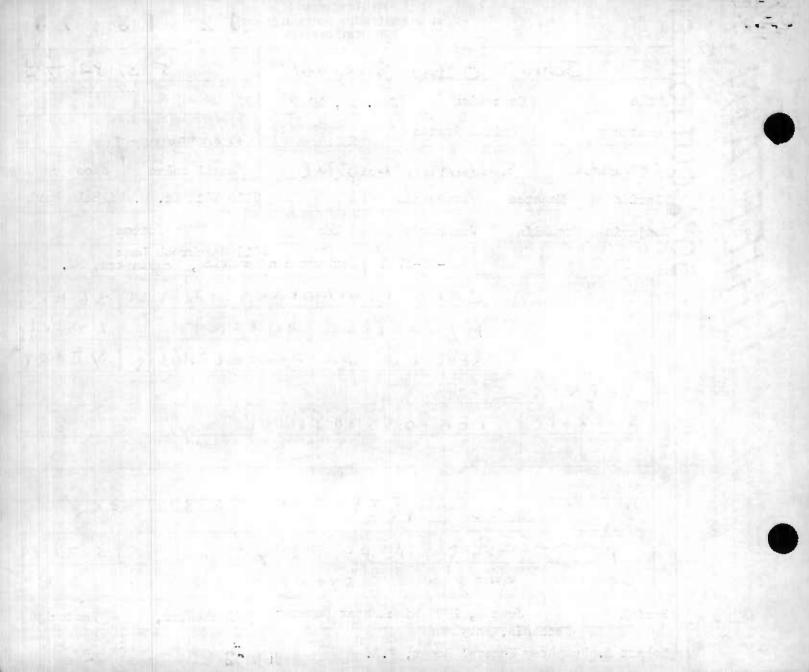
CHAMBERS FUNDEAL HOME SILVER SPRING, MD.



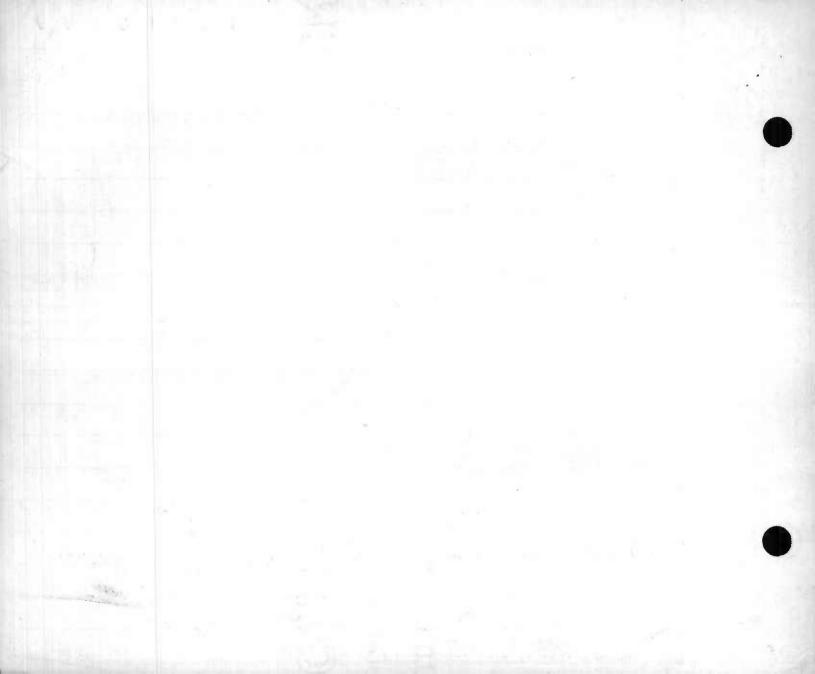


DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND



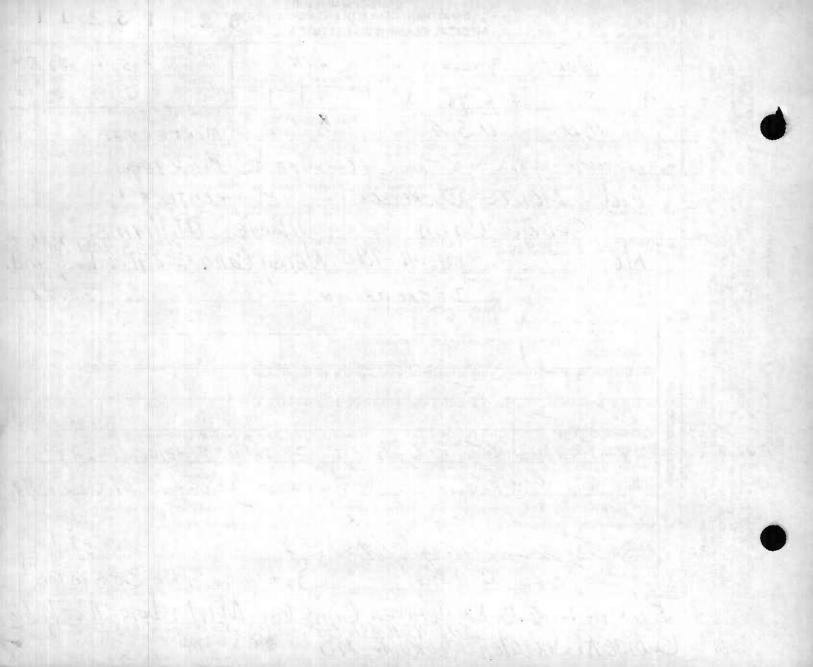
1		1-	FOR STATE REGISTRAR		DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYGI FICATE OF DEATH	ENE 8 2	10.	3 1	9 9
m 5			CEASED NAME FRE	1	MIDDLE		LAST	2e. DATE OF DEATH	MONTH (DAY YEAR	2b. HOUR
9 0			LOUIS	\mathbf{E} \mathcal{D}	ELLA	C.	AIN		5	6 82	935pm
		3. SEX		4 RACE		5. DATE (H DAY YEAR	6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
(NEW			FEMALE	CAUCAS	IAN	SEP	T 12, 1912	69	YRS.	MONINS DATS	Mary Mary
	78	C	RTHPLACE (STATE OR FOREIGN DUNTRY) ITH DAKOTA		OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED DIVORCED	MONTGO	_	OF DEATH	MD.
	00		Y OR TOWN OF DEATH KENSINGTON	1 331	O OBERON S	STREET	OR OTHER INSTITUTION	17ª USUAL OCCUPAT (TYPE OF WORK FOR MOST CONGRESS			OF BUSINESS OR
filled in	35	13e. S		ONTGOMERY	13c. CITY OR TOV	RE ADMISSION)	134 INSIDE CITY LIMITS?	130. STREET ADDRESS	BERON	STREET	
mpletely and 2 sh	50	14 FA	THER'S NAME JOSEPH	WIDDLE	RÅDA		15 MOTHER'S MAIDEN NAM	MIDDLE MIDDLE		SKALAR	л
Pages 1	or diner troumonic event, me medical			S. ARMED FORCE: S. GIVE WAR OR DATES W II			B. W. CAIN	SAME AS		HUSB	AND
			18 CAUSE OF DEATH IER PART I. DEATH WAS C IMM Canditions, if any, whi gove rise to immedia couse (a), stating t	AUSED BY EDIATE CAUSE (a) DUE TO th te	Widoenr	ead mo	etastases r			2	mare interval conset and death 2 months 2 years
Then p		CERTIFICATION	190 DATE OF OPERATION	ANT CONDITIONS	NDITION FOR WHICH			200 AUTOPSY?	206. IF YES IN CERTIF YE	S, WERE FINDING CAUSES	NGS USED
Syl South	0		218. ACCIDENT WAS UNDERLYIS OR CONTRIBUTING CAUSE		E OF INJURY A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, P	PART I OR PART 2)	
tending this cer the burio		MEDICAL	(IF EITHER, NOTIFY MEDICAL EXA 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLA	P.M. CE OF INJURY E. STREET, FACTORY, OFFICE.	FARM, ETC.)	211. LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
Spital or of CTOR After I for use as t of Health o	1 5 7		220.1 certify that (1) (this saw the deceased all above, (1) (we) (did) (c	ve on	5/6/		9 , 19 80 and that in (my) (aur) apinion d		5/6/ late and hou	r and from the	
, n , n , n		Daniel Rosenthum DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN						5/6/			
retained by the TO FUNERAL should be defined with the State			Daniel Ros		MD			Connecticungton, Md.			
BP		(URIAL, CREMATION, REMO BURIAL	5/	10/82		EMETERY OF CREMATORY OF HEAVEN CEM			COUNTY MON	
DHMH-16 20 (VRA 15, 4) 7		24 FU	INERAL DIRECTOR FR	ANCIS J. BLVD.,W.	COLLINS. SILVER SP	RING,	6.0.01	REC'D. BY REGISTRAR	PEGIST	RAR'S SIGNAT	URE as Clan



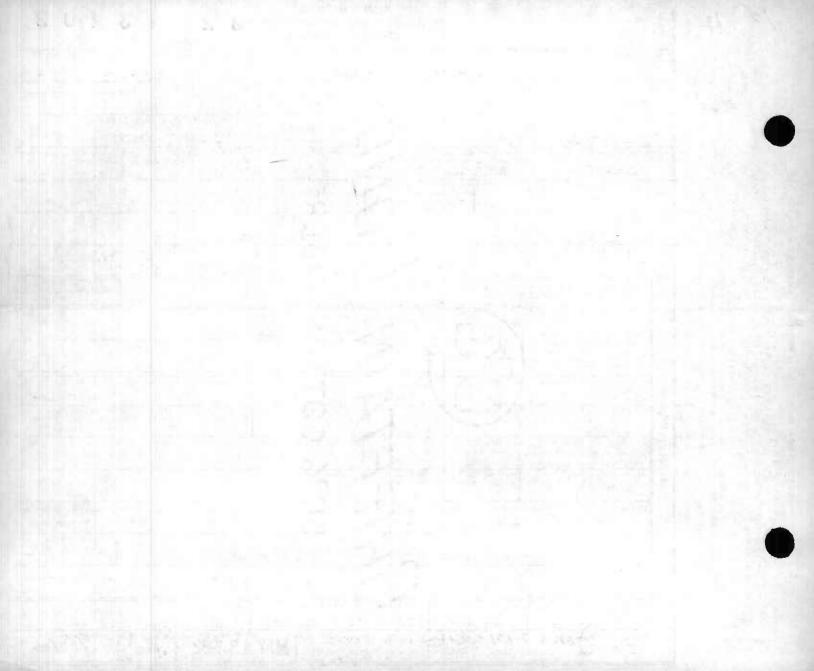
1	FOR	nen.		E OF MARYLAND		200
	STATE REGISTRAR	DEPA		FICATE OF DEATH	REG. NO	200
	CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH DAT	
	MARGER	Y JANE	C.	AMPBELL	MAY 4,198	2 740/
3 SE	X	4 RACE	5. DATE O			UNDER I YEAR IF UNDER 2
P	FEMALE	Black	MONTH /C	30 06	75 YRS. WO	NIHS DAYS HOURS
/o B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY O	FDEATH
JF D	ITY OR TOWN OF DEATH	US	WIDOWI	DIVORCED	Montgomes	1/
20	, C 111	11. NAME OF HOSPITAL, NUR	REET ADDRESS)	OR OTHER INSTITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE):	176 KIND OF BUSINES
1051	AL RESIDENCE (IF NURS	Holy Cros	55 /1/2	Spital.	Teacher	School (NY
130	STATE	ntgomery 5.5.	OWN d.	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS CORDOBA	St
14. E.	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA		
9	Robert	H. Jenk	ins	Pinkie	MIDDLE Fi	tzgerald
160	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SE	ECURITY NO.	17. INFORMANT	ADDRESS	8
N N	No No	104-32	-2806	Florence A.	Campbell Same as	Item # 13
approved	IL CAUSE OF DEATH Enter o	nly one cause per line for (o), (b),	, ond ic			APPROXIMATE INTERV BETWEEN ONSET AND
d	PART I. DEATH WAS CAUSE	TE CAUSE (a) CARD	INC A	RREST		1/2 Hou
	4290	DUE TO OR AS A CONSE	OUENCE OF			
ntino	Conditions, if any, which	(16) ATHERO	SCLEROT	TC CARDIOVAS	SCULAR DISCASE	10 YEAR
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	OUENCE OF			
8	underlying cause lost.	(c)				
ON	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING 1	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	IN PART 1(a
IFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, W	VERE FINDINGS USED
					YES NON YES	G CAUSES OF DEATH
CERT	210. ACCIDENT WAS UNDERLYING	-	DAY VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	
	OR CONTRIBUTING CAUSE OF DE		19			
S 8		21e. PLACE OF INJURY		211 LOCATION	CITY OR TOWN	
- 10	21d INJURY OCCURRED			STREET		COUNTY
00 F	WHILE AT WORK ON AT WORK	(AT HOME STREET, FACTORY, OFFIC	CE, FARM, ETC.)	STREET	CHIOKIOWA	COUNTY ST
CO X	AT WORK AT WORK	ital) attended the deceased from	m	19.19.2	60.10 MANY 1/ 19.	82/ that (1) (w
- 4	AT WORK AT WORK	ital) attended the deceased from	m	19.19.2	(o, to MANY H, 19. death occurred an the date and hour as	82/. that (I) (w
ME NOTH D	WHILE NOT WHILE 270.1 certify that (1) (this hasp	ital) attended the deceased from	m	19.19.2	60.10 MANY 1/ 19.	82/. that (1) (w
• JOHN D	WHITE NOT WHITE AT WORK AT WOR	ital) attended the deceased from	m	, 19 J92 and that in (my) (aur) opinion o	60.10 MANY 1/ 19.	82, that (1) (wind from the couses state
• John S	WMILE AT WORK NOT WHITE AT WORK AT WOR	ital) attended the deceased from 19 20 19	m		MEDICAL STAFF	82, that (1) (wind from the couses sto
• John S	WMILE AT WORK NOT WHITE AT WORK AT WOR	ital) attended the deceased from	m	, 19 19 19 19 19 19 19 19 19 19 19 19 19	Co. to TANKY A. 19. death occurred an the date and hour as	82, that (1) (wind from the couses state
730 E	WMILE AT WORK 270. J certify that (I) (this hasp when the district of the control of the contro	ital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	m		MEDICAL STAFF STORECTOR PHYSICIAN DECIDING CHE	82, that (I) (wind from the couses stated of the couses of the couse of the couse of the couse of the couses of the couse
230. E	WMILE ATWORK ATWORK 270.1 certify that (I) (this hasp the damped diverse The Sharachee 27d/PHYSICIAN'S NAME (TYPE C LEWIS SURIAL, CREMATION, REMOVAL BURIAL BURIAL BURIAL CREMATION, REMOVAL	In the property of the propert	B2. or	and that in (my) (aur) opinion of the company of th	MEDICAL STAFF MODIRECTOR PHYSICIAN DEPORTS A VE, CHE	82, that (I) (wind from the couses sto 22t DATE SIGNED May H, NY CHASE,
330. E	WMILE ATWORK NOT WHILE ATWORK 270.1 certify that (I) (this haspen the day of the law of	In the property of the propert	B2. or	19 192 Ind that in (my) (aur) opinion of the physician o	MEDICAL STAFF STORECTOR PHYSICIAN DECIDING CHE	RZ, that (I) (wind from the couses state of the couses of the couse of the couses of the couse

The second of the second second olida anticipal de la contrata del contrata de la contrata de la contrata del contrata de la contrata del contrata de la contrata de la contrata de la contrata del contrata de la contrata del contrata del contrata de la contrata de la contrata del contrata del contrata de la contrata de la contrata del contrat To a sept to make find by . I suppose to the light to the ti anolin us. Com. 'make am, it. Homeone deriver a man, inc. AND LOCATION OF THE STATE OF TH

		T1396 (1997)		ATE OF MARTEAUD	a seg	0 0 1	
		FOR STATE		F HEALTH AND MENTAL HYGIE		20	
		REGISTRAR	MEDICAL EXAMI	NER'S CERTIFICATE OF DE	ATH REG. NO.		
	. DE	EASED NAME FIRST	MIDDLE	LAST	20. DATE KNOWN MONTH	DAY YEAR 2	b. HOUP
	(TYP	OR PRINT)	SV111-17-1	CANN	OF ESTI-	1 50	17/5
PLEASE RECTOR. R FILES. HOURS STREET,		GENE	SYLVESTER	9.		1902	M
STA STA	. SEX	4. RACE	5. DATE OF BIRTH 6. AGE (IN MONTH DAY YEAR LAST BIRTI	YEARS IF UNDER 1 YR. IF UNDER 24 HRS	PRONOUNCED MONTH	DAY YEAR 2	d. HOUR
S T S	. 1	n N	MONTH DAY YEAR LAST BIRT	YRS MONTHS DATS HOURS MIN.	DEAD	1082	81
接続ルグ	7a. BI	RTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY?	I8 344	9. BALTIMORE CITY OR COUP	NTY OF DEATH	- M
品品を下くの	FO	REIGN COUNTRY)	11 (1	MARRIED NEVER MARRIED			
J. 6. 5		11/0.	U.S.A.	WIDOWED DIVORCED	MONTCOME		MD.
PAGE 5 BE FILED.	B. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO	ME, OR OTHER INSTITUTION 12e. U	SUAL OCCUPATION (TYPE OF WORK	OR INDUSTRY	NESS
A III A	60	AWANTAUN	RAIL ROAD TRACK	24.20 mi MARKER	Parall Deen	OKINDOSIKI	
RETAIN PA			R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMI		Drick Inger	1	
CORD B	30. S	TATE 1 1 136. COUNT	TY KICITY OR, TOWN	1 13d. INSIDE CITY LIMITS? 188 S	TREET-ADDRESS/		
		11/a. M	DUIG WICKEY.	SON YES NO 1	Koute #		
	14. FA	THER'S NAME		15. MOTHER'S MAIDEN NAM	ME . A		
N = 3/>/		FIRST . COO.	DOLE (A D D)	Magic	a Most Illden	LAST	
\$ 70	14- 14	/AS DECEASED EVER IN U.S. ARA	AED FORCES? 16b. SOCIAL SECUR	RITY NO. 17. INFORMANT	DI III	15	f. 12.
SS ON N	(YI		MAR OR DATES)	7215	18333	LOST MAI	1e Ca
PAGES		NO	213-46	-1363 NADOCU (ann-Baithe	rebara	mt.
II. PAGES		18. CAUSE OF DEATH (Enter and	y ane cause per line far (a), (b), and (c).)	111111			TERVAL
		PART I DEATH WAS CAUSED	BY:	-4-10-1		BETWEEN ONSET AN	ND DEATH
PERMIT GIENE,		GEQ A IMMEDIAT	E 27100E (0)	ITATION		ACUT	<u></u>
IT P		1000	DUE TO, OR AS A CONSEQUENCE	E OF			
AL EXAMINER A BURIAL-TRANSIT AND MENTAL HY ON, OR REMOVAL		Canditians, if any, which gave rise to immediate	(b)				
ENTAL ENTAL REMOV		cause (a) stating the under-	DUE TO, OR AS A CONSEQUENC	F OF			
ORB		lying cause last.					
ON O.			((c)				
0		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).			
Z Z	CERTIFICATION						
E C	AT	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OP	ERATION WAS PERFORMED?		20 AUTOPSY?	
AL, CREMATIC	F						
£ 4	E	21g. EXTERNAL CAUSE WAS	216. TIME OF INJURY	In the way have a contract			NO 🗆
E B		UNDERLYING OR	HOUR MONTH DAY YE	AR 21c. HOW INJURY OCCURRED (ENTI	EX MATURE OF INJURY IN ITEM 18 PART 1 OR I	PART 2)	
Buel	CAL	CONTRIBUTING CAUSE OF D		e III TO TOO	N FLEEING	POLICE	
PRIOR TO BURIAL,	MEDICAL	21d. INJURY OCCURRED	/ PLACE OF INJURY (ATHOME.	21f. LOCATION			
1 00	Σ	WHILE NOT WHILE	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	PUNTY	STATE
, a		AT WORK AT WORK	RAILROAD	24-20 M MAKKOR	IN MODINALINE	ON TGONUM	14
201		AT WORK					
21201				Autopsy Inspection	Inquiry and in my	apinian	
21201		220. I certify that I taak charge	e of the remains described above, held an		Inquiry , and in my	apinian	
21201		220. I certify that I taak charge	e of the remains described above, held an		Inquiry and in my of	apinian	
WITH THE STATI		22a. I certify that I taak charge death resulted fram: Natur	e of the remains described above, held an		letermined manner ,	11.	
ARYLAND, 21201		220. I certify that I taak charge	e of the remains described above, held an	Suicide . Hamicide . Und	letermined manner ,	11.	2
WITH THE STATI		22a. I certify that I taak charge death resulted fram: Natur ACTUAL SIGNATURE	e of the remains described above, held an	Suicide Hamicide . Und	etermined manner , DATE	11.	ν 14
WITH THE STATI		22a. I certify that I taak charge death resulted fram: Natur SCHATURE	e of the remains described above, held an	Suicide Hamicide Und	etermined manner , DATE	11.	2 14
WITH THE STATI	- Carrier Land	22a. I certify that I taak charge death resulted fram: Natur ACTUAL SCHATURE EXAMINER'S NAME (TYPE OR PRINT)	e of the remains described above, held an allowers are the company of the control	Suicide Hamicide . Und	letermined manner ,	11.	ν 14
WITH THE STATE	750.8	22a. I certify that I taak charge death resulted from: Natural SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	e of the remains described above, held an	Suicide Hamicide Und	etermined manner , DATE	11.	14
ARYLAND, 21201	730.81	22a. I certify that I taak charge death resulted fram: Natur ACTUAL SCHATURE EXAMINER'S NAME (TYPE OR PRINT)	e of the remains described above, held an allowers are the company of the control	Suicide Hamicide Und	etermined manner , DATE	11.	14 M
BALTIMORE, MARYLAND, 21201	230.BI	22a. I certify that I taak charge death resulted fram: Natur ACTUAL SCHATURE EXAMINER'S NAME (TYPE OR PRINT)	e of the remains described above, held an allowers are the company of the control	Suicide Hamicide Und	etermined manner , DATE	11.	14 M
TER DEATH, WITH THE STATI	230.81 224 FI	22a. I certify that I took charged death resulted from: Natural STANDARD RAME (TYPE OR PRINT) PRALICREMATION REMOVAL 2: 22a. I certify that I took charged death resulted from: Natural STANDARD REMOVAL 2: 25a. I certify that I took charged death resulted from: Natural STANDARD REMOVAL 2: 25a. I certify that I took charged death resulted from: Natural STANDARD REMOVAL 2: 25a. I certify that I took charged death resulted from: Natural STANDARD REMOVAL 2: 25a. I certify that I took charged death resulted from: Natural STANDARD REMOVAL 2: 25a. I certify that I took charged death resulted from: Natural STANDARD REMOVAL 2: 25a. I certify that I took charged death resulted from: Natural STANDARD REMOVAL 2: 25a. I certify that I took charged death resulted from: Natural STANDARD REMOVAL 2: 25a. I certify that I took charged death resulted from: Natural STANDARD REMOVAL 2: 25a. I certify that I took charged death resulted from: Natural STANDARD REMOVAL 2: 25a. I certify that I took charged death resulted from: Natural STANDARD REMOVAL 2: 25a. I certify that I took charged death resulted from: Natural STANDARD REMOVAL 2: 25a. I certify that I took charged death resulted from: Natural STANDARD REMOVAL 2: 25a. I certify that I took charged death resulted from: Natural STANDARD REMOVAL 2: 25a. I certify that I took charged death resulted from: Natural STANDARD REMOVAL 2: 25a. I certify that I took charged death resulted from: Natural STANDARD REMOVAL 2: 25a. I certify that I took charged death resulted from: Natural STANDARD REMOVAL 2: 25a. I certify that I took charged death resulted from: Natural STANDARD REMOVAL 2: 25a. I certify that I took charged death resulted from: Natural STANDARD REMOVAL 2: 25a. I certify that I took charged death resulted from: Natural STANDARD REMOVAL 2: 25a. I certify that I took charged death removal 2: 25a. I certify that I took charged death removal 2: 25a. I certify that I took charged death removal 2: 25a. I certify that I took charged death removal 2: 25a. I certi	e of the remains described above, held an always as a scribed above, held an always are a scribed above, and always are a scri	Suicide Hamicide Und	etermined manner , DATE	11.	14 Mg



75 1	1		FOR		DEPART		E OF MARYLAND IEALTH AND MENTAL HY	GIENER 2	1	3 2 0	2
		1.	STATE REGISTRAR				ICATE OF DEATH	9	EG. NO.		
-	-	1. DE	CEASED NAME FIRST		MIDDLE		LAST	2a. DATE OF DE	ATH MONTH	DAY YEAR 21	HOUR
E 188	/B		W.	В	everly	Ca	rter		5-09	-82	3 A M
I LAN	4.)	3 SE	X	4 RACE		5. DATE (6. AGE (IN YEARS	LAST BIRTHDAY)		UNOER 24 HRS
		i	MALE	Blac	ck	Feb		61	YRS.	MUNINS DATS IN	OURS MIN
是一一一一	900	Ja. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8.	NEVER MARRIED	9. BALTIMORE	CITY OR COUNTY	OF DEATH	
leoth in 77	10	F	ennsylvania	U.S.A.	1111	WIDOW		MONTGO	MERY COU	NTY	MD.
offer o	Page C	10. C	BETHESDA	LIF NOT IN SU	HOSPITAL, NURSI CHEACILITY, GIVE STREE RBAN HOS	T AOORESS)	DR OTHER INSTITUTION	12a. USUAL OCC (TYPE OF WORK FOR Diploma	MOST OF WORKING LI	12b KIND OF B INDUSTRY State D	
in b	pe -		AL RESIDENCE (IF NURS	ME OR OTHER INSTITUTION						istate L	epart.
Filled should	17		STATE STATE	OUNTY	Wash.,		13d. INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN NO	13e. STREET ADD		treet, N	.W.
5	1501		FIRST	MIDDLE	LAST	11/1	FIRST	M	ODLE	LAST	
3 mg	13/		r. William B.		Tin sociuloso	TIBITY NO	Maria	Green	ADDRESS 1 201		
5 3 2 2 8	die 3		VAS DECEASED EVER IN U.S YES NO OR UNKNOWN) (1F YE	S, GIVE WAR OR DATES)	16b. SOCIAL SEC		17 INFORMANT		1201	Juniper	St., NW
2 3 2 6 4	E		140		189-16-	-0047	William B.	Carter I	II Washir	igton, DC	20012
2 es Sico	t, #		18 CAUSE OF DEATH (Ente	er only ane cause pe	r line far (0), (b), a	nd (c).)				BETWEEN ONS	TE INTERVAL
745 48	ven		PART I. DEATH WAS CA	DIATE CAUSE (a)	card	lial	ener				
737 50	ar re		4140		OR AS A CONSEQU	IENICE OF					-1-1
de co	om,		Conditions, if ony, which			once or	hear des	lan			
200	tro		gove rise to immediate	.) (0)_							
えかだ	ther		cause (o), stating the underlying cause last	1 000 10, 0	R AS A CONSEQU	JENCE OF				100	
leo o leo	riol,			(c)							
signi	uny,	z	PART 2 OTHER SIGNIFICA	NT CONDITIONS C		A .	NOT RELATED TO THE TER	MINAL DISEASE OF	R CONDITION GIV	EN IN PART Tra	
en T	y in j	CERTIFICATION			0.	Levari			à la		
s be	o d	5	190. DATE OF OPERATION	19b. COND	THON FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPS		S, WERE FINDING FYING CAUSES OF	
The ion.	Now] =			32.0	-100		YES N	O YE	s 🔲	NO 🗆
N; hysic rons	Hyg 18 sh	B	210. ACCIDENT WAS UNDERLYING		OF INJURY .M. MONTH [DAY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE	OF INJURY IN ITEM 18,	PART I OR PART 2)	
	to E 9	AL	OR CONTRIBUTING CAUSE O	1 DEATH	.M.	19					
PHYSI ending this co	Ne T	MEDICAL	216 INJURY OCCURRED	21e PLACE	OF INJURY		21f. LOCATION				
G PHYSIC attending er this cer s the buric	ond	¥.	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE	, FARM, ETC]	STREET	CI	TY OR TOWN	COUNTY	STATE
Afre	norl		220 1 certify that (I) (this h	ounitel) estanded si	ha decreased from	19	76 19	to		19 5 2 , the	A (1) (ma) land
tol OR:	E F	1	saw the deceosed alive	-	A.		nd that in (my) (aur) apiniar				
ATT Spi CT	1 o E		obove, (I) (we) (did) (di	d not) view the bady	after death.			- death accorded of	The dote and had		
OR e ho DIRE	Te De D	1	22b. SIGNATURE		10	.1	DEGREE	E MEDICAL	STAFF	22c. DATE SIG	SNED
7 = 7 =	IT; II		8 10	ne du	muly	VL	PHYSICIAN	MEDICAL DIRECTOR	PHYSICIAN [3-9	- 1
SO NA P	+ 6		22d PHYSICIAN'S NAME IT	YPE OR PRINT)	very	IN	22e ADDRESS 9/6	1914	1 NU	5-9 wan	w_
To reto	3 3	23a.	BURIAL, CREMATION, REMO	VAL 236 DATE	23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATIO	N		
BP			Cremation	5/10/	82 T	ee & S	Son's Cremato	rv Washi	ngton, D	COUNTY	STATE
		24. F	UNERAL DIRECTOR	1 2 130	V.VII-	7400 0	Coordin Arthu DA	ATE REC'D. BY REGI	STRAP 256, REGIST	TRAR'S SIGNATHE	
DHMH-16 30M (VRA 15, 4)			UNERAL DIRECTOR IN THE MCGuire F	uneral Se	ervice W	ash.	DC 20012	AY 13 198	2 James	Jan / la	then



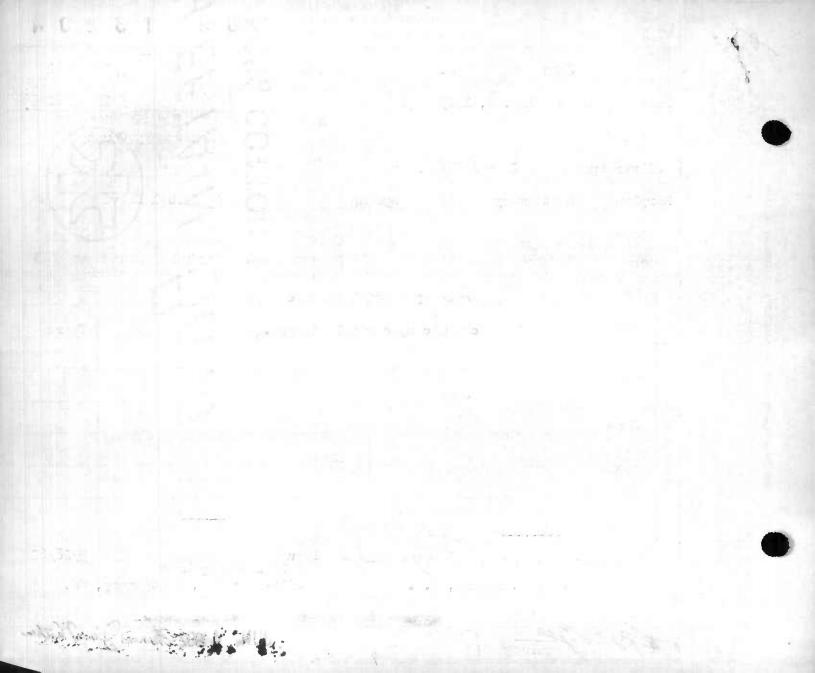
3	1.	FOR STATE REGISTRAR		D	EPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL H TFICATE OF DEATH	YGIENE 2	1 3 2 0	3
			IRST	MIDDLE		LAST	20. DATE OF DEATH MO	NTH DAY YEAR 26 H	IOUR
2 (9.21)	(ITPE	OR PRINT)	na	Brown		Cason	May	5, 1982 4	1300 Am
E N. A. M. M.	3. SE	X	4. RACE			E OF BIRTH NTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOU	NDER 24 HRS
1 47		Female	W	hite	Oc.		83	YRS. MONTHS DAYS HOU	KS MIN.
2 69 11-	7a. BI	RTHPLACE (STATE OR FOREK	76 CITIZE	N OF WHAT COL	JNTRY? 8	RIED NEVER MARRIED	9 BALTIMORE CITY OR	OUNTY OF DEATH	
1 15 16		Arkansas		USA		WED NORCED	Montgomer		MD
1 11 100	10. C	TY OR TOWN OF DEATH		NE OF HOSPITAL, IT IN SUCH FACILITY, GI		E OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO		INESS OR
11 00	S	ilver Spring	g Resi	dence -	2212 He	rmitage Ave.	Housewife	Homemal	ker
2 19 1/2	13a. S	AL RESIDENCE (IF NURSING	COUNTY	13c. CITY (OR TOWN		13e STREET ADDRESS		
show er	14.54	Arkansas I	Ashley	Foun	tain Hi	11 YES NO W		ntain Hill	
Setel with	14, FA	FIRST	MIDDLE		AST	FIRST	MIDDLE	LAST	
completely s I and 2 sh	140 \	Samue1	Abrah		AL SECURITY NO	Annis	ADDRESS	Cobb	
e execu	()	(IF	YES, GIVE WAR OR D	ITES1				P. O. Box	35
e so b	_	No			50-0940	Marie Eack	cles - Harpers	Ferry, W V 2.	0425
hicot hysi pop novo ent,		18 CAUSE OF DEATH IE PART I. DEATH WAS	CAUSED BY:	18 17	(b), and ici.	Orati llear	of liposo	Si Alem	
certification properties of the properties of th		4140 11	MEDIATE CAUSE		anou	work freat	11 pursue	nearn	geny
death to ottend nove co otion, o otromot		Conditions, if ony, w		TO, OR AS A CO	NSEQUENCE O				
the de the other de motion emotion er trou		gove rise to immed couse (o), stoting	iote	(b)			MILLION ENERGY		
\$ 5 8 5 4	3		ost OUE	TO, OR AS A CO	NSEQUENCE O				
		PART 2 OTHER SIGNIFI	CANT CONDITIO	ONS CONTRIBUTI	NG TO DEATH	UT NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	ION GIVENIN PART 1(a)	. 0
n si The inju	CERTIFICATION	Bilater	el Jul	monar	y Fil	roses & Chro	nic Bronchetis	of Ahlumalo	itis
low re s beer ermit: p prior	CAT	190 DATE OF OPERATION	196	CONDITION FOR	WHICH OPERA	ION WAS PERFORMED	20a AUTOPSY? 20	Ob. IF YES, WERE FINDINGS UNCERTIFYING CAUSES OF D	JSED FATH?
o ho ho	RTIF						YES NO	YES NO	
physicis physi physi physicis physicis physicis physicis physicis physicis		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS		UR A.M. MON	TH DAY YE.	AR 21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN	I ITEM 18, PART I OR PART 2)	
PHYSICIAN: ending physis this certifical this certifical did not be buriol-tron and Mental Hy	MEDICAL	(IF EITHER, NOTIFY MEDICAL E)	(AMINER)	P.M.	1				
G PHYSK ottending ter this cer the burio tond Meni	MED	21d. INJURY OCCURRED WHILE NOT WHILE	LATH	PLACE OF INJURY OME, STREET, FACTORY		21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ADING P or offer use os the eolth onc		AT WORK AT WORK		1.1.0. 1	28	April 8	2 5 ma	4 82	
		22a. I certify that (I) (the sow the deceased of	-			and that in (my) (aux) opinio	on death occurred on the date	1	(I) (we) lost
DR ATTEN hospitol iRECTOR thed for u lept. of He them 21 is		obove, (I) (we) (did)	(did not) view th	body offer death	h.	DEGREE		22c DATE SIGN	100000000000000000000000000000000000000
0 * 0 0 0 =	10	Lusses	00 B	buna	ex	MY ATTENDING		- 5/5	182
by by State		224. PHYSICIAN'S NAME	(TYPE OR PRINT)	0		PHYSICIAN 22e. ADDRESS //6/	DIRECTOR PHYSICIAN	rept.	
TO HOSPITAL (retoined by the TO FUNERAL Is should be detoined with the State I IMPORTANT: If	115	Russell	B. A	mold	M.D.	5:16	er Spring.	m. 2091	0
0 g 0 g g g	23a. E	BURIAL, CREMATION, REA	AOVAL 23b. D	ATE	23¢ NAME C	F CEMETERY OR CREMATORY	23d LOCATION		62475
BP	(Burial	5	/9/82	Flat	Creek Cemeter	ry Fountain	Hill. Ashlev.	Ark.
DHMH - 16 50M 7/77	24 F	JNERAL DIRECT	14		PRESS P. O	0.5 . 0	ATE REC'D BY REGISTRAR 25	REGISTRAP'S SIGNATURE	A
(VR A 15 (4))		10.0	L. Spen	1		s Ferry, WV	HI 13 1302 C	inces Jean / last	Mr.

4 4 4 4	7. 5				
		8031 101 1598		1111	Fairle
	ernorrania				hwamafa)
		.prt. dad to to	X115 - 00		enhad revisi
	mint - 175 L				Limina
			means.	Abraham	Locani?
F 100 10 .9	ore call + go				
April Control of the	a alsamo'i a	t Creak Caracan O. Bor C. M Crafforth, Fr	M MILES		artino are R or adall

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN X TYPE OR PRINTS OF ESTI-John M. 5/28 82 Castell DEATH MATED 19 SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE MONTH LAST BIRTHDAY) PRONOUNCED 19 82 Male White DEAD TO BIRTHPLACE ISTATE OR CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED III NEVER MARRIED FOREIGN COUNTRY S America Wash. D C WIDOWED _ DIVORCED Montgomery County ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! 2404 Seibel Drive Silver Spring Accountant Accounting SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 2404 Seibel Drive Maryland Montgomery Silver Spring YES T NO [4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Frech Castell John Anna 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 16h SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) NAVY W 20 8812 Florence J. Castell (same as #13) ves CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_ Acute myocardial disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which chronic myocardial disease. Years gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION None 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? E 3 SHOULU E E DEPARTMENT OF None YES 🗌 NOX 21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None 21e. PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK FUNERAL DIRECTOR: PA Inquiry X 22a I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) R DEATH, 5/28/82 Deputy SIGNATUR MEDICAL EXAMINER 1919 Seminary Road EXAMINER'S NAME John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery, Md. 0 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial 6 - 2 - 82Fort Lincoln Cem BP Blandensburg 8434 Ga. Ave. **DHMH-17** Sil. Spr. Md. **Yumphrev** (VR A15 ME (5)

15M 2/80

STATE OF MARYLAND



	1.	FOR STATE REGISTRAR			OF HEALTH AND MENTAL HYG TIFICATE OF DEATH	GIENE 8 2 REG. NO.	3 2 0 5
		CEASED NAME FIRST	MICHAEL CHAFE	TN	LAST	20. DATE OF DEATH MONTH	82 7:14
			MICHAEL CHAFF				
	3 SE		4 RACE		TE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS BAYS HOURS M
	_	MALE	CAUCASIAN		05 14 82	YRS.	0 3 HOURS N
6		RTHPLACE (STATE OF FOREIGN COUNTRY) BERMUDA	UNITED STATE	MAR	RRIED NEVER MARRIED X	9 BALTIMORE CITY OR COUNT	Y OF DEATH
27		TY OR TOWN OF DEATH THESDA		, NURSING HOA		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS INDUSTRY n/a
169	USU. 13a S	AL RESIDENCE (IF NURSING HOLE TATE 136 CO	OR OTHER INSTITUTION GIVE RESIDE			13e STREET ADDRESS Se e 17.	,
	14. FA	THER'S NAME	MIDDLE	LACT	15. MOTHER'S MAIDEN NA	ME	- 4
00		RONALD CHAFF		LAST	CHERYLE	ANNE MORRIS	LAST
2		AS DECEASED EVER IN U.S.		IAL SECURITY NO	O. 17 INFORMANT	ADDRESS	ATTITUTE OF
3	(ES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)		RONALD CHAFFI	IN, NAS BERMUDA, I	2.0.BOX 456,
ľ		18 CAUSE OF DEATH (Enter	only one couse per line for (a	thi and (c)	FPO New York,	NY 09560	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	66	PART I. DEATH WAS CAU	SED BY:		Left Heart		BETWEEN ONSET AND DEA
		7419 IMMED					
		Conditions, if ony, which	DUE TO, OR AS A CO	INSEQUENCE O)F		
		gove rise to immediate	(p)				
		cause tot, stating the underlying couse lost.	DUE TO, OR AS A CO	NSEQUENCE O)F		THE WAY
-		PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUT	ING TO DEATH	BUT NOT BELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	VENTINI DADE N
	20		CONDITIONS CONTRIBUT	NO TO DEATH	DOT NOT KEENTED TO THE TERM	THAT DISEASE OR CONDITION GI	PEN IN PART HO
0	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERA	TION WAS PERFORMED	20a. AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
71	FE					IN CERTI	FYING CAUSES OF DEATH?
4	ERI	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	
91	_	OR CONTRIBUTING CAUSE OF			AR		
/1	MEDICAL	(16 EITHER NOTIFY MEDICAL EXAMI	P.M. 21e PLACE OF INJURY		211. LOCATION		
1	WE	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTOR			CITY OR TOWN	COUNTY STATE
	А			d from 17	May 82	17 May	82
		220.1 certify that (1) (this has sow the deceased alive	spitol) oftended the deceose	d from 82	, 19		19, that (I) (we)
1		GDO VE, (1) (WE) (DID) (DID	not) view the body ofter deat			death accurred on the date and have	
		22b. SIGNATURE	. 1 11		DEGREE	WEDICAL CTAFF	22c DATE SIGNED
		onder	Nalla		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	17 MAY 80
1		22d. PHYSICIAN'S NAME (TYP	E OR PRINT)		22e ADDRESS		
		LOUDEN NALLE	, LTCOL, USA		NATIONAL NAT	VAL MEDICAL CENT	ER, BETHESDA,
	23a B	URIAL, CREMATION, REMOV		23c NAME C	OF CEMETERY OR CREMATORY	23d LOCATION	
		specify)	5-22-1982		mette National	Portland, Muli	tnomah. Or.
1	24 FL	INERAL DIRECTOR			25g DAT		
1	24 FL				25a DAT	E REC'D. BY REGISTRAR 256 REGIS	

STATE OF MARYLAND

The second of the state of the state of the second of the Landon and the state of the sta

FRANCIS H. BARBER LAYTONSVILLE, MD. 20879

1 - STATE

DHMH - 16 50M 1/81

(VRA 15, 4)

REGISTRAR

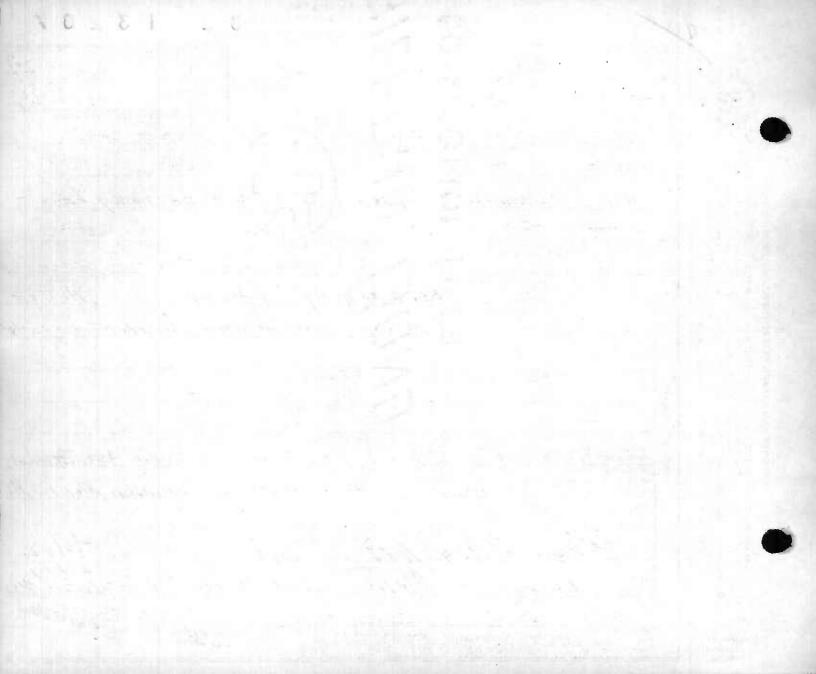
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1982

6 0 1 6 . 64 ATTEMPT OF OF THE PARTY OF TH MAKE THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PAR ing the mean terms of the second seco AND WELL THE TANK OF STREET, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-Hilda M. Chartier DEATH MATED 5/6/982 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR 20. DATE LAST BIRTHDAY PRONOUNCED female cauc 5/30/17 64 YRS DEAD 5/6/ 7b. CITIZEN OF WHAT COUNTRY? 7g. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED United States New Hampshire DIVORCED WIDOWED T Montgomery County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)
Homemaker OR INDUSTRY Home Bethesda Suburban Hospital SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) De. STATE 13b COUNT T3d. INSIDE CITY LIMITS? 130. STREET ADDRESS 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Florence MIDDLE Harvey Paul Marsh Leavitt Téa. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS Husband (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) P. Chartier Same as item 003 18 1419 No CAUSE OF DEATH (Enter only one couse per line far (a), (b) and (c).) PART I DEATH WAS CAUSED BY PIKA IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO XX YES CERT 71a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 0 POR HOUR A.M. MONTH DAY UNDERLYING CONTRIBUTING CAUSE OF DEATH 2he PLACE OF INJURY 21f. LOCATION AT WORK AT WORLE 22a. I certify that I took charact of the remains described above, held an Autopsy and in my apinion Motural causes death resulted by Hamicide Undetermined monner TITLE (SPECIFY) PAGE 4 SHOU TO FUNERAL D AFTER DEATH, EXAMINER'S NAME (TYPE OR PRINT) 238. BURIAL, CREMATION, REMOVAL 23b. DATE May 23c. NAME OF CEMETERY OR CREMATORY Arlington Burial 1982 Arlington National 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRO 256 REGISTRAN S. GNATURE ADPEMPHREY FUNERAL **DHMH - 17** (VR A15 ME (5)) BETHESDA, MARYLAND 15M 2/80



Spr

- STATE

DHMH - 16 50M 1/BI (VRA 15, 4)

Warner E. Pumphrey.

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2

CERTIFICATE OF DEATH

3

#615

ATTO

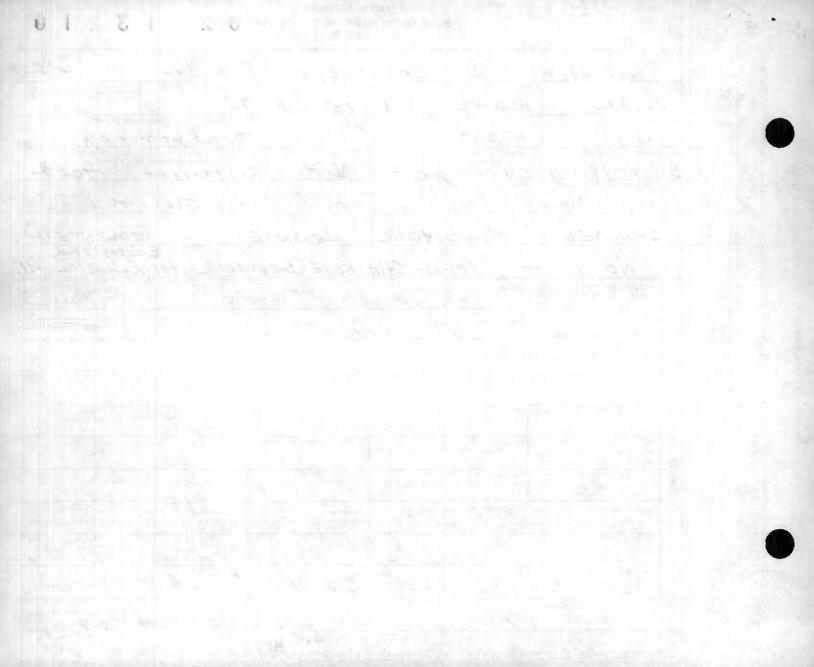
NO T

STATE

STATE

O O TO THE SELECTION OF THE SECOND Asymptotic and the second second Good atheres dec 1111 Teak Deaderted meille to a Contested mondelle miles / Febru

R. C. S. S. L. Z. S. B. School of the contract of Table 1 To the state of the sta washing to want of Home to the will a denies .D.C. instruction and the contract of him and the FINT. Sea de ser Chebern-Medical d'Angeles de leve Ber Das Bring - we chouse the supplying a middle ber the same ന്നു. പെ.പെ. സ്വാധനായി സ്വാധ-കുറി വിദ്യേജ്യി ്-അം ÷ാ



completely filled in by the

FOR STATE

	STAT	E OF	MARY	LAND	
DEPARTMEN	TOFF	IFALT	H ANI	D MENTA	

3

Thomas Burch Clark S. DATE OF BRITH May 9, 1982
Thomas Burch Clark May 9, 1982 State of Berth March 21", 1918 A Cle (Pertans Last Berthald Products of Last March 21", 1918 A Cle (Pertans Last Berthald Products of Last March 21", 1918 A Cle (Pertans Last Berthald Products of Last March 21", 1918 A Cle (Pertans Last Berthald Products of Last March 21", 1918 A Cle (Pertans Last Berthald Products of Last Berthald Prod
Male White March 21", 1918 64 VESTINATION OF DEATH USAN ARRED WOOMED DROCKED
March 198
MARRIED WINDERS MORCED MARRIED WINDERS MORCED Montgomery County Married Montgomery Married Montgomery County Married Montgomery Ma
WAS N. N. C. USA DOVORCED DOVORCED DOVORCED MONTGOMETY COUNTY 17. NAME OF HOSPITAL, NURSING HOSPICAL SCRIPT COUNTY 17. NAME OF HOSPITAL, NURSING HOSPICAL SCRIPT COUNTY 17. NECKNOST OF HOSPITAL STATE OF HOSPITAL
Detail Bethesda Clinical Center, Bethesda, Md. North Americal Van Li JUSAN RESIDENCE IF NUMBER AND COUNTY OF TOWN Maryland Montgomery Silver Spring 126 CITY IMITS? 138 STREET ADDRESS 139 STATE TO THE TEMPORAL PROPERTY OF TOWN Maryland Montgomery Silver Spring 126 IMISSOE CITY IMITS? 138 STREET ADDRESS 139 STATE AD
Detail Bethesda Clinical Center, Bethesda, Md. North Americal Van Li JUSAN RESIDENCE IF NUMBER AND COUNTY OF TOWN Maryland Montgomery Silver Spring 126 CITY IMITS? 138 STREET ADDRESS 139 STATE TO THE TEMPORAL PROPERTY OF TOWN Maryland Montgomery Silver Spring 126 IMISSOE CITY IMITS? 138 STREET ADDRESS 139 STATE AD
138 COUNTY 134 COUNTY 134 COUNTY 134 COUNTY 135 COUNTY 135 SIREET ADDRESS. 135 MOTHER'S MADE 135 MOTHER'S MADIE 135 MOTHER'S MADE 135 MOTHER'S MAD
HATTY ADDIE Clark Mary Regan
Harry Clark Mary Regan The second contribution of the second from the second
TO WAS DECEASED EVER IN U.S. ARMED FORCES? (NOO) ON CONTROLOM (FYES, GIVE WAS OR DATES) TO ADDRESS TO ADDRESS Mrs. Elizabeth Clark (wife) same as abo 18 CAUSE OF DEATH lenter only one couse per line for 101, (b), and (c) Shock APPROXIMATE INTERPRETATION Shock
NONE
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Shock IMMEDIATE CAUSE (a) Shock IMMEDIATE CAUSE (b) Shock IMMEDIATE CAUSE (c) Shock IMMEDIATE CAUSE (d) DUE TO, OR AS A CONSEQUENCE OF conditions, if any, which gave rise to immediate couse lost DUE TO, OR AS A CONSEQUENCE OF (c) DIFFUSE HISTIOCYTIC Lymphoma PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEATH (# EITHER NOTEY MEDICAL EXAMINES) P.M. 190. 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY A.M. MONTH DAY YEAR P.M. 190. 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY A.M. MONTH DAY YEAR P.M. 190. 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 211. LOCATION STREET FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET FACTORY, OFFICE, FARM, ETC.) 211. LOCATION CITY OR TOWN COUNTY SOW the deceosed drive on May 9 19. 82 that X (a) 19. SIGNATURE AT WORK A WORK
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse iol. stoling the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse iol. stoling the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF DIFFUSE HISTIOCYTIC Lymphoma PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (## ETHER NOTIFY MEDICAL EXAMINE) P.M. 199 211 INJURY OCCURRED 212 INJURY OCCURRED 213 INJURY OCCURRED 214 INJURY OCCURRED 215 INME OF INJURY (## ETHER NOTIFY MEDICAL EXAMINE) P.M. 19 216 INJURY OCCURRED 217 INJURY (AT HOME STREET FACTORY, OFFICE, FARM, EIC.) 218 INJURY OCCURRED 219 INDURY INTERNATION STREET CITY OR TOWN COUNTY SOW The deceosed office on May obove, Microl (Idd) (ACCIDENT VIEW the body ofter death. 220 I certify that (# (this hospital)) attended the deceosed from February 23 SOW The deceosed office on May obove, Microl (Idd) (ACCIDENT VIEW The body ofter death. 220 INTERNATION 221 INTURE OF INJURY (INTURE OF INJURY) (INTURE OF INJURY
Conditions, if ony, which gove rise to immediate cause (a). BUE TO, OR AS A CONSEQUENCE OF Gram Negative Sepsis DUE TO, OR AS A CONSEQUENCE OF (b) Gram Negative Sepsis DUE TO, OR AS A CONSEQUENCE OF (c) Diffuse Histiocytic lymphoma PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.10 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CAUSES OF DEATH OR CONTRIBUTING CAUSES OF DEATH OR CONTRIBUTING CAUSE OF DEATH (SE FITHER NOTES MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING AMONG AMONTH DAY YEAR (SE FITHER NOTES MEDICAL EXAMINER) 211. HOUR AM. MONTH DAY YEAR P.M. 19 212. LOCATION STREET FACTORY, OFFICE, FARM ETC.) 213. ACCIDENT WAS UNDERLY IN THEM 18, PART I OR PART 2.) 214. INJURY OCCURRED AT WORK AND A WO
Conditions, if only, which gove rise to immediate couse (a), stofting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING CAUSES OF DEATH OR CONTRIBUTING CAUSES OF DEATH OR EXTINATION OF INJURY HOUR A.M. MONTH DAY YEAR 210. EVENT OF OPERATION 211. LOCATION 212. TO MAY 9 213. ACCIDENT WAS UNDERLYING CAUSE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 214. LOCATION 215. LOCATION 216. LOCATION 216. LOCATION 217. LOCATION 218. LOCATION 219. LOCATION 219. LOCATION 210. LOCATION 210. LOCATION 210. LOCATION 210. LOCATION 211. LOCATION 212. LOCATION 213. LOCATION 214. LOCATION 215. SIGNATURE 216. LOCATION 217. DATE SIGNED 217. DATE SIGNED 218. SIGNATURE 218. ATTENDING MEDICAL STAFF 219. BUT ON THE COURSE STAFF 218. LOCATION DIRECTOR PHYSICIAN DI
Conditions, if only, which gove rise to immediate couse (a), stofting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING CAUSES OF DEATH OR CONTRIBUTING CAUSES OF DEATH OR EXTINATION OF INJURY HOUR A.M. MONTH DAY YEAR 210. EVENT OF OPERATION 211. LOCATION 212. TO MAY 9 213. ACCIDENT WAS UNDERLYING CAUSE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 214. LOCATION 215. LOCATION 216. LOCATION 216. LOCATION 217. LOCATION 218. LOCATION 219. LOCATION 219. LOCATION 210. LOCATION 210. LOCATION 210. LOCATION 210. LOCATION 211. LOCATION 212. LOCATION 213. LOCATION 214. LOCATION 215. SIGNATURE 216. LOCATION 217. DATE SIGNED 217. DATE SIGNED 218. SIGNATURE 218. ATTENDING MEDICAL STAFF 219. BUT ON THE COURSE STAFF 218. LOCATION DIRECTOR PHYSICIAN DI
DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Underly but to the Underlying couse lost in PART 100 DUE TO, OR AS A CONSEQUENCE OF Underly lost in PART 100 DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost in PART 100 DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost in PART 100 DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost in PART 100 DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost in PART 100 DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost in PART 100 DUE TO, OR AS A CONSEQUENCE OF Underlying couse in PART 100 DUE TO, OR AS A CONSEQUENCE OF Underlying couse in PART 100 DUE TO, OR AS A CONSEQUENCE OF Underlying couse in PART 100 DUE TO, OR AS A CONSEQUENCE OF Underlying couse in PART 100 DUE TO, OR AS A CONSEQUENCE OF Underlying couse in PART 100 DUE TO, OR AS A CONSEQUENCE OF Underlying couse in PART 100 DUE TO, OR AS A CONSEQUENCE OF Underlying couse in PART 100 DUE TO, OR AS A CONSEQUENCE OF Underlying couse in PART 100 DUE TO, OR AS A CONSEQUENCE OF UNDERLYING COUSE IN PART 100
DIFFUSE HISTIOCYTIC Tymphoma PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CAUSES OF DEATH (OF EITHER NOTIFY MEDICAL EXAMINER) 190 DATE OF OPERATION 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CAUSES OF DEATH (OF EITHER NOTIFY MEDICAL EXAMINER) 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CAUSES OF DEATH (OF EITHER NOTIFY MEDICAL EXAMINER) 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CAUSES OF DEATH (OF EITHER NOTIFY MEDICAL EXAMINER) 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR LOWER OF INJURY (OF EITHER NATURE OF INJURY INITEM 18 PART 1 OR PART 2) 191 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR LOWER OF INJURY (OF EITHER NATURE OF INJURY INITEM 18 PART 1 OR PART 2) 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR LOWER OF INJURY (OF EITHER NATURE OF INJURY INITEM 18 PART 1 OR PART 2) 191 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR LOWER OF INJURY (OF EITHER NATURE OF INJURY INITEM 18 PART 1 OR PART 2) 191 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR LOWER OF INJURY (OF EITHER NATURE OF INJURY INITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING OR LOWER OF INJURY (OF EXAMINER) P.M. 192 216. HOW INJURY OCCURRED (FINAL OF EXAMINER) 216. HOW INJURY OCCURRED (FINAL OF EXAMINER) 217. LOCATION STREET CITY OR TOWN COUNTY SOW THAT ACCIDENT WAS UNDERLYING OR PART 1 OR PART 2) 218. LOCATION OR LOWER OF INJURY (OF EXAMINER) 219 DATE OF OPERATION OR LOWER OF INJURY (OF EXAMINER) 210. ACCIDENT WAS UNDERLYING OR LOWER OF INJURY (OF EXAMINER) P.M. 210. ACCIDENT WAS UNDERLYING OR LOWER OF INJURY (OF EXAMINER) P.M. 210. ACCIDENT WAS UNDERLYING OR LOWER OF INJURY (OF EXAMINER) P.M. 210. ACCIDENT WAS UNDERLYING OR LOWER OR LO
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 2110. NOTIFY MEDICAL EXAMINER) 2111. LOCATION STREET CITY OR TOWN COUNTY STREET CITY OR TOWN COUNTY STREET CITY OR TOWN COUNTY SOW the deceosed olive on May 19 82 thot X (1) SOW the deceosed olive on May 19 82 ond that in XX (our) opinion death occurred on the date and hour and from the causes street obove, X (we) (did) (XXXX) view the body after death. 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR PHYSICIAN DIRECTOR PHYSICIAN STAFF
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEATH YES NOW YES
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEATH YES NOW YES
OR CONTRIBUTING CAUSE OF DEATH OUR A.M. MONTH DAY YEAR 19 19 19 19 19 19 19 1
OR CONTRIBUTING CAUSE OF DEATH OUR A.M. MONTH DAY YEAR 19 19 19 19 19 19 19 1
OR CONTRIBUTING CAUSE OF DEATH OUR A.M. MONTH DAY YEAR 19 19 19 19 19 19 19 1
OR CONTRIBUTING CAUSE OF DEATH OUR A.M. MONTH DAY YEAR 19 19 19 19 19 19 19 1
220. I certify that (\$\frac{1}{2}\$ (this hospital) attended the deceased from February 23, 19 82, to May 9, 19 82, that \$\frac{1}{2}\$ (our) apprinant death occurred on the date and hour and from the causes store the deceased alive on May 9, 19 82, and that in \$\frac{1}{2}\$ (our) apprinant death occurred on the date and hour and from the causes store the deceased alive on May 9, and that in \$\frac{1}{2}\$ (our) apprinant death occurred on the date and hour and from the causes store the deceased alive on May 9, and that in \$\frac{1}{2}\$ (our) apprinant death occurred on the date and hour and from the causes store the deceased from February 23, 19 82, to May 9, and that in \$\frac{1}{2}\$ (our) apprinant death occurred on the date and hour and from the causes store the deceased from February 23, 19 82, to May 9, and that in \$\frac{1}{2}\$ (our) apprinant death occurred on the date and hour and from the causes store the deceased from February 23, 19 82, to May 9, and that in \$\frac{1}{2}\$ (our) apprinant death occurred on the date and hour and from the causes store the deceased from February 23, 19 82, to May 9, and that in \$\frac{1}{2}\$ (our) apprinant death occurred on the date and hour and from the causes store the deceased from February 23, 19 82, to May 9, and that in \$\frac{1}{2}\$ (our) apprinant death occurred on the date and hour and from the causes store the deceased from February 23, 19 82, to May 9, and that in \$\frac{1}{2}\$ (our) apprinant death occurred on the date and hour and from the causes store the deceased from February 23, 19 82, to May 9, and the date and hour and from the causes store the date and the
220. I certify that (\$\frac{1}{2}\$ (this hospital) attended the deceased from February 23, 19 82, to May 9, 19 82, that \$\frac{1}{2}\$ (our) apprinant death occurred on the date and hour and from the causes store the deceased alive on May 9, 19 82, and that in \$\frac{1}{2}\$ (our) apprinant death occurred on the date and hour and from the causes store the deceased alive on May 9, and that in \$\frac{1}{2}\$ (our) apprinant death occurred on the date and hour and from the causes store the deceased alive on May 9, and that in \$\frac{1}{2}\$ (our) apprinant death occurred on the date and hour and from the causes store the deceased from February 23, 19 82, to May 9, and that in \$\frac{1}{2}\$ (our) apprinant death occurred on the date and hour and from the causes store the deceased from February 23, 19 82, to May 9, and that in \$\frac{1}{2}\$ (our) apprinant death occurred on the date and hour and from the causes store the deceased from February 23, 19 82, to May 9, and that in \$\frac{1}{2}\$ (our) apprinant death occurred on the date and hour and from the causes store the deceased from February 23, 19 82, to May 9, and that in \$\frac{1}{2}\$ (our) apprinant death occurred on the date and hour and from the causes store the deceased from February 23, 19 82, to May 9, and that in \$\frac{1}{2}\$ (our) apprinant death occurred on the date and hour and from the causes store the deceased from February 23, 19 82, to May 9, and that in \$\frac{1}{2}\$ (our) apprinant death occurred on the date and hour and from the causes store the deceased from February 23, 19 82, to May 9, and the date and hour and from the causes store the date and the
220. I certify that (\$\frac{1}{2}\$ (this hospital) attended the deceased from February 23, 19 82, to May 9, 19 82, that \$\frac{1}{2}\$ (our) apprinant death occurred on the date and hour and from the causes store the deceased alive on May 9, 19 82, and that in \$\frac{1}{2}\$ (our) apprinant death occurred on the date and hour and from the causes store the deceased alive on May 9, and that in \$\frac{1}{2}\$ (our) apprinant death occurred on the date and hour and from the causes store the deceased alive on May 9, and that in \$\frac{1}{2}\$ (our) apprinant death occurred on the date and hour and from the causes store the deceased from February 23, 19 82, to May 9, and that in \$\frac{1}{2}\$ (our) apprinant death occurred on the date and hour and from the causes store the deceased from February 23, 19 82, to May 9, and that in \$\frac{1}{2}\$ (our) apprinant death occurred on the date and hour and from the causes store the deceased from February 23, 19 82, to May 9, and that in \$\frac{1}{2}\$ (our) apprinant death occurred on the date and hour and from the causes store the deceased from February 23, 19 82, to May 9, and that in \$\frac{1}{2}\$ (our) apprinant death occurred on the date and hour and from the causes store the deceased from February 23, 19 82, to May 9, and that in \$\frac{1}{2}\$ (our) apprinant death occurred on the date and hour and from the causes store the deceased from February 23, 19 82, to May 9, and that in \$\frac{1}{2}\$ (our) apprinant death occurred on the date and hour and from the causes store the deceased from February 23, 19 82, to May 9, and the date and hour and from the causes store the date and the
220. I certify that (i) (this hospital) attended the deceased from February 23, 19 82, to May 9, 19 82, that IX (sour application of the deceased alive on May 9, 19 82, and that in XX (our) application death occurred on the date and hour and from the causes state of the deceased alive on May 9, 19 82, that IX (our) application of the date and hour and from the causes state of the deceased alive on May 9, 19 82, that IX (our) application of the date and hour and from the causes state of the date of the dat
The Physician's Name (14PE OR PRINT) DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 5/9/8 120 ADDRESS National Institutes of Health
The Physician's Name (14PE OR PRINT) DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 5/9/8 120 ADDRESS National Institutes of Health
Tid PHYSICIAN'S NAME (TYPE OR PRINT) 120 ADDRESS National Institutes of Health
A PHYSICIAN DIRECTOR DIREC
National institutes of Health
Clinical Center, Bethesda, Md. 20205
30 BURIAL CREMATION REMOVAL 136 DATE 23: NAME OF CEMETERY OF CREMATORY 134 LOCATION
(SPECIFY)
(CRECKY)
4 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR SIGNATURE A

DHMH - 16 50M 1/81 (VRA 15, 4)

APP & The Latence of the second that seems of the deal names decide a cold. own to be to Chiny about the make . the Wartin And

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH COHEN May 5, 1982 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Feb. 15, 1897 85 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWENX Montgomery 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 12b. KIND OF BUSINESS OR Holy Cross Hospital Tailor (Ret) Clothing 13e STREET ADDRESS Bethesda 5011 Benton Avenue 15. MOTHER'S MAIDEN NAME (unknown) Cohen Marie 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS Bethesda, Md. 578-48-9420 Theodora Perry; 5011 Benton Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Respiratory Arrest Instanteous DUE TO, OR AS A CONSEQUENCE OF 72 hours Pneumonia DUE TO, OR AS A CONSEQUENCE OF Chronic obstructive pulm. disease Years 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX NO T 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211 LOCATION

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)

Congestive heart failure 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

HOUR A.M. MONTH DAY YEAR

CITY OF TOWN

COUNTY

ATTENDING 77e ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN 5-5-82

Hyattsville, Md.

Danzansky-Goldberg Chapels; 1170 Rockville Pike

230 NAME OF CEMETERY OR CREMATORY

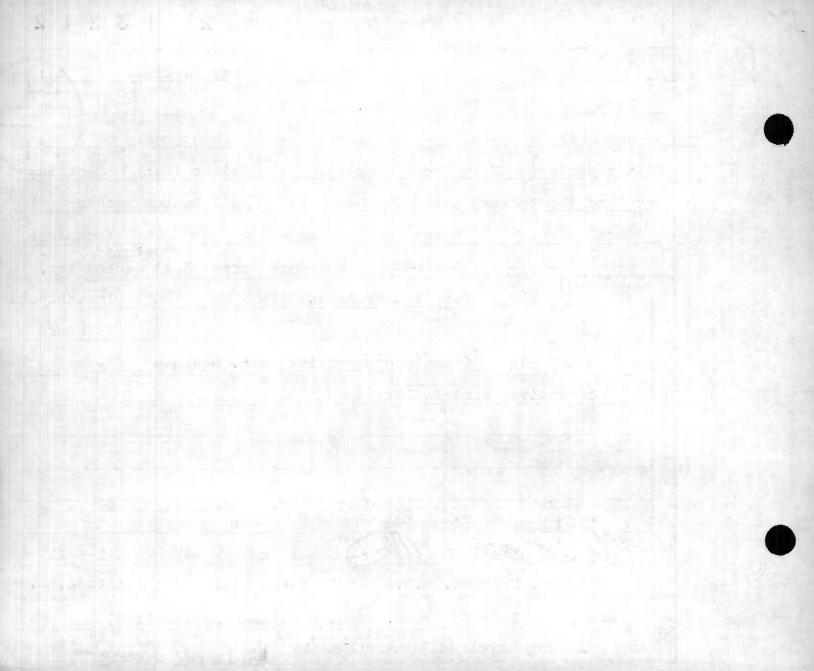
October

5225 Pooks Hill Road; Bethesda, Md. 23d LOCATION

Geo. Wash. Cemeterly ROCKVILLE, Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

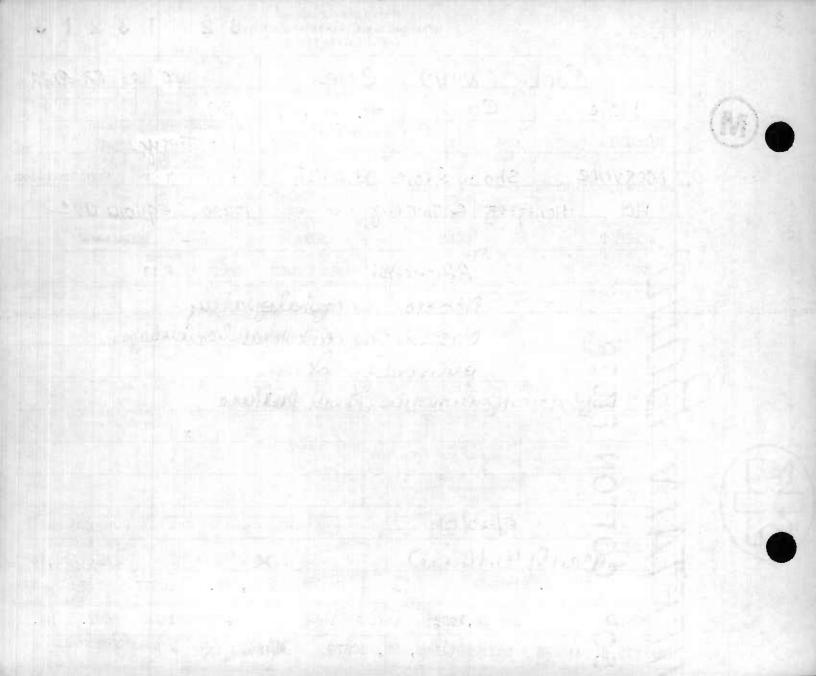
and that in (my) (ob) opinion death occurred on the date and hour and from the causes stated

DHMH - 16 50M 1/81 (VRA 15, 4)

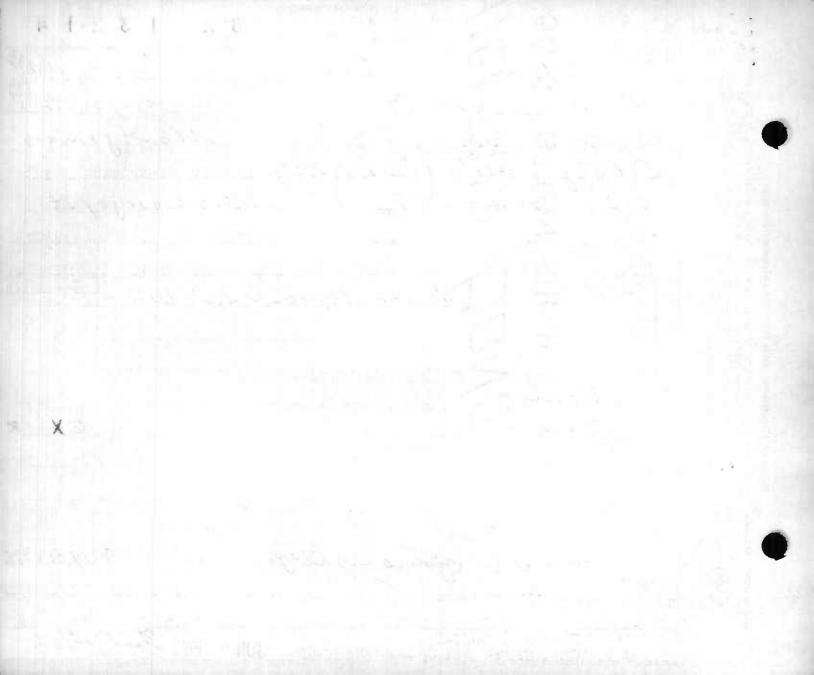


	9490
2120	house
9	P
IVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TAL OR ATTENDING PHYSICIAN: The low requires that the death certificate he executed within 24 hours often
×	politi
AORE	PXPC
E .	ad a
BA	-
TS Z	Care
ESTO	death
P. P.	the
<u> </u>	thot
, 20	rec
ORDS	regu
REC.	30
TAL	The
>	IAN
Z	YSIC
11510	, pH
ā	NIC
12	TTEN
	A A
J	C
	TAI

		1.	FOR STATE REGISTRAR	DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE 8 2 REG. NO.	3 2 1 3
			CEASED NAME FIRST	WIDDLE	- ki	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
be 3e 3		TYPE	OR PRINT)	(NAMM)	(OP.	MAY	3 82 8122 M
À ST	3	3. SE.		4. RACE	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
(4.		Male	Cau.	AUG	UST 14,1920	61 _{YRS.}	MONTHS DAYS HOURS MIN.
(IVI)	000	70. BI	RTHPLACE STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY OR COUNT	OFDEATH
	\$	V.	IRGINIA	USA	WIDOWE		MONTG	OMERY MD.
ofter o	81	R	or town of DEATH	11. NAME OF HOSPITAL, NURS!	ADDRESS)	ROTHER INSTITUTION	120 USUAL OCCUP. 10N (1YPE OF WORK FOR MOST OF WORKING LE DRYWALL Labor	12b. KIND OF BUSINESS OR
nours no be fil	Pee	ŪSU,	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFOR		SVCHIDI	Diriman pripot	Constitute of On
filled auld	36			Lagrency Caither		136 INSIDE CITY LIMITS?	17600 Segu	oia ave
completely	womin		THER'S NAME IERBERT	COLE LAST	0	NORA	21/2/2144	MBILSOÑ
5 9-	medicol	16a V	AS DECEASED EVER IN U.S. AR			17 INFORMANT	ADDRESS	2
be exected an and cons. Poges	med		NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 221-21	02451	WANDA COLE	SAME AS # 13	
ath certificate ending physic t carban pope n, or remavol.	matic event, th	7	5070 IMMEDIAT	y one couse per line for (a), (b), or BY: E CAUSE (a) DUE TO, OR AS A CONSEQU	ENCE OF	ncophalo	patey.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the deat the otter remave emotion,	er frau		Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU		ELICEN JESTEN	W mound	2021
thot d by ease al, cr	ar ather		underlying cause lost.	(c) Bellme	Mary	adona		
quires signed Then pl	Jury.	N	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BU	T RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 1(0
been briar	i kuo	ATIC	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	4-0-00	S, WERE FINDINGS USED
ne poe	Sw.	IFIC					IN CERTI	FYING CAUSES OF DEATH?
	9 8 8 W	L CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	
YSIC ding s cer s cer	=	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION		
attend offer this as the b	arked ar	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	STREET	CITY OR TOWN	COUNTY STATE
TENDIII ontol ar TOR: A ar use of Health	21 is mo		sow the deceased alive an	ol) oftended the deceased from 5 23 82 19		d that in (my) (our) opinion o	, to, death accurred on the date and hav	19, that (I) (we) last
OR AT DIREC Sched (E		obove, (I) (we) (did) (did not 22b. SIGNATURE	view the body offer death		PEGREE		224. DATE SIGNED
,	± = =	Q	Susan	1. Withou)		MEDICAL STAFF DIRECTOR PHYSICIAN	May 24,1982
TO HOSPITAL retained by the TO FUNERAL should be detined with the State	MPORTANT			WITHROW		GAITHERSBUI	RG, MD. 20877	
BP	A .	(urial, cremation, removal BURIAL	23b. DATE May 26,1982 23c	LAYT(METERY OR CREMATORY)NSVILLE	LAYTONSVILLE	MONT. MD
DHMH - 16 50M 1/ (VRA 15, 4)	В1		NCTS H. BARBER	LAYTONSVITE,	MD.	20879 25MA	PREC'D BY REGISTRAR 25 REGIST	RAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-8. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FILES. T. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOURS DIVISION OF VITAL RECORDS, 201 W. PRESTON STREET, DEATH MATED U AGE (IN YEARS 3 SEX 4. RACE DATE OF BIRTH IF UNDER TYR. IF UNDER 24 HRS 20. DATE MONTH PRONOUNCED DEAD YRS 70 BIRTHPLACE STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED WIDOWED CALTFORNTA omer ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK) 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY CRIMINAL INVESTIGATOR USUAL RESIDENCE (IF IN TURE 13a STATE COUNTY 113d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE ELMER CLOW WALDRON 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 1952 ٧F९ CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) APPROXIMATE INTERVAL WEF MEDICAL EXAMINER ALONG WOLL OF AS A BURIAL - TRANSIT PERMIT. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL. IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, DIVISION OF VITAL BE EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE CT OF INNER OF SHOULD BE AFFER DEATH, WITH THE STATE DEPARTMENT BAUJIMORE, MARYLAND, 21201 PRIOR TO BU RITING THE WINDER TO THE GE 3 SHOULD B 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 211 LOCATION 214 INJURY OCCURRED AT WORK AT WORK STREET, FACTORY, FARM, ETC.) STRÉET CITY OR TOWN COUNTY 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Inquiry death resulted from: Natural causes Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINERS NAME ROGERS (TYPE OR PRINT) 1919 SEMINARY **ADDRESS** 23d. LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE GATE OF HEAVEN BP RIPTAL 24 FUNERAL DIRECTOR FRANCIS J. COLLINS 250. DATE REC'D. BY REGISTRAR **DHMH-17** 198 (VR A15 ME (5)) UNIV. BLVD.W. SILVER SPRING. MARYLAND 15M 2/80



1	1			STA	E OF MARYLAND				
4	1	FOR STATE			HEALTH AND MENTAL HYC	GIENES 2	13	2	5
	1	REGISTRAR		CERTI	TCATE OF DEATH	REG. N			
- ACTION		ECEASED NAME FIRST	WIDDLE	O D	LAST	20 DATE OF DEATH	MONTH DAY	YE AR 2	b HOUR
		4061) Du	fty (OMNORS	0	5 22	82	4-AM
	3. 5	X	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST B			F UNDER 24 HRS
oge a		MRTHPLACE (STATE OR FOREIGN	White	MONI			YRS	o Airs	HOURS MIN
1 12 358	1/4.	COUNTRY) Mass.	U.S.A.	MAPPH	ED NEVER MARRIED	9 BALTIMORE CITY		DEATH	0. 1
1 11 15	10 (ITY OR TOWN OF DEATH	11. NAME OF HOSPITA	AL, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION /	17h KIND OF F	BUSINESS OR
10 to	C	very chase	Bothesda	NUBSIA	a Retireme	TDir. E	OF WORKING LIFE!	NDUSTRY	,
B the state of the	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR Maryland Mont	OTHER INSTITUTION GIVE RESI	TY OR TOWN CVY Chase	13d. INSIDE CITY LIMITS?	13: STREET ADDRESS 8602 Wood			
3 1 11 19	14.5	ATHER'S NAME	gomery Che	evy Chase	YES NO		prook In	•	
MARY 150			MIDDLE	LAST	Unknown	WIDDIE		LAST	
30	16a	WAS DECEASED EVER IN U.S. AR		CIAL SECURITY NO.	17 INFORMANT	ADDR	ESS		
3		TO (IF YES, GIV	VE WAR OR DATES)	23-12-6953	Gertrude R.	Connors	8602 Wo Cheyy C	odbroo hase	k Ln. Md.
A TOTAL		18 CAUSE OF DEATH (Enter or PART), DEATH WAS CAUSE	ly ane cause per line an	in the god in	10	. ////	/	APPROXIMA DIO MERMICIE	SET AND DEATH
55			TE CAUSE (a)	saw/	pulmona	uj ferre	91	~	
S 4 48 4		4575	DUE TO OR A	CONSTITUENCE				300	Un
5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		Conditions, if any, which	(b)	Mell	induck	1			yp.
2 70		gave rise to immediate cause (a), stating the	DUE TO, OR AS A C	ONSEQUENT			18.1		0
N 2 0 0000		underlying convertions	1	011020021101211					
2.3	Z	PANT 2 OTHER STEWER CANT	ANDITIONS CONTRIB	ITING TO DEALE BUT	NOT RELATED TO THE TERM	INAL DISEASE OF CON	DITION GIVEN I	N.PART.To:	
2	CERTIFICATION	LUX M	limes	- av	seese	*			
7	Š	IN DATE OF OPERATION	196 CONDITION FO	DR WHICH OPERATIO	N WAS PERFORMED	16e AUTOPSYT	706. IF YES, WI	ERE FINDING	S USED
36 10 10	ŧ.					YES - NOW	YES [NO []
5 9 11 E G	0.000	OR CONTRIBUTING CAUSE OF DEA	to the best of the Control of the Co		21r. HOW INJURY OCCUR	RED (ENTER NATURE OF WILL	REPORT OF THE PART OF	Ottania Si	
0 - 7 Mg a to the fi	MEDICAL	I F ETHER, NOTH I MEDICAL EXAMINER	A PARTY OF THE PAR	19					
S 2 F 5 10 5 5	9	21d. PHJURY OCCURRED	71e PLACE OF INJU	RY DRI, DIFFICE, EARW, ETC.)	TH LOCATION	tho ma	Sam	CQUeffs	MAIR
5 7 9 1 to 5	2	AT WORK AT WORK	35.0500.0500.0000		120 00	-1		0.0	A10759
6 0 0 4 5 DE		22x 1 certify that (the hospi	toll attended the decrea	ped from	127 1980	10_ 2/0	19	So tho	otati (we) lost
E 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		saw the decensed abve on obove.		10 63 60	that in 🛶) (our) opinion	death accurred on the d	ate and hour an	d from the cau	uses stated
A Not bed ept to the standard of the standard		ZA SKSWYURE V	/1/	- //	DEGREE			22c DATE SIC	SNED
24 46# ±		Malen	W July	rack	ATTENDING PHYSICIAN F	MEDICAL STA	FF.	5/22	182
A See A	1	224 PATRICIAN'S NAME ITHE	a rainti		LIN ADDRESS	J DIRECTOR PHISI	IAIN [_]	7-1	0
Par Hos		1//	/ //						
5 5 5 5 3	23a	BUMAL CREMATION, REMOVAL	Trib DATE	13, NAME OF	EMETERY OR CREMATORY	23d LOCATION			
BP		Removal	5-23-82			CITY OR TOWN	to	щиту	STATE
	74 F	UNERAL DIRECTOR	3-23-02	Toeorge t	own Med. School		ton, D.	3 011	4.97
DHMH - 16 50M 1/B1 (VRA 15, 4)		etropolitan Fun	omal Camaia	ADDRESS	min Vo	NET D. BY 1961PAR	21 Lanes	Professional URI	DESCRIPTION
	IM	ecroportian run	eral servic	e, Alexand	ria, va.				

THE ATTY DELECTION AND THE SECOND SECTION OF THE PROPERTY OF THE PARTY . As lectured, State | x | near profit percented | International market and the second Commission 1008 Commission Commission 100 -21-25-Telegraphy of the production and telegraphy and telegraphy and the common of the commo Microsoft tra Cantral Borrice Colombia, Nr. FOR

STATE OF MARYLAND

Louise A Serbir 12 - 42-20-6 ELIHA SIMON UA US A Show Sping Holy Chess He was here housewife I MO MONT SILVERSPEINE Y 9119 LELEN RIDGE KO EFFERING MICHOLSON PRINCIPALINE CORBIN 21/A TREACES HECORDING - SAME ASTERS And I would be with a state of the world detection of the second 374-1-7 Ingeners Hear M.D. Meer Georgia Ave. S.S. Hide 1881 Stevenson His Com Sairand, P. E., Mo

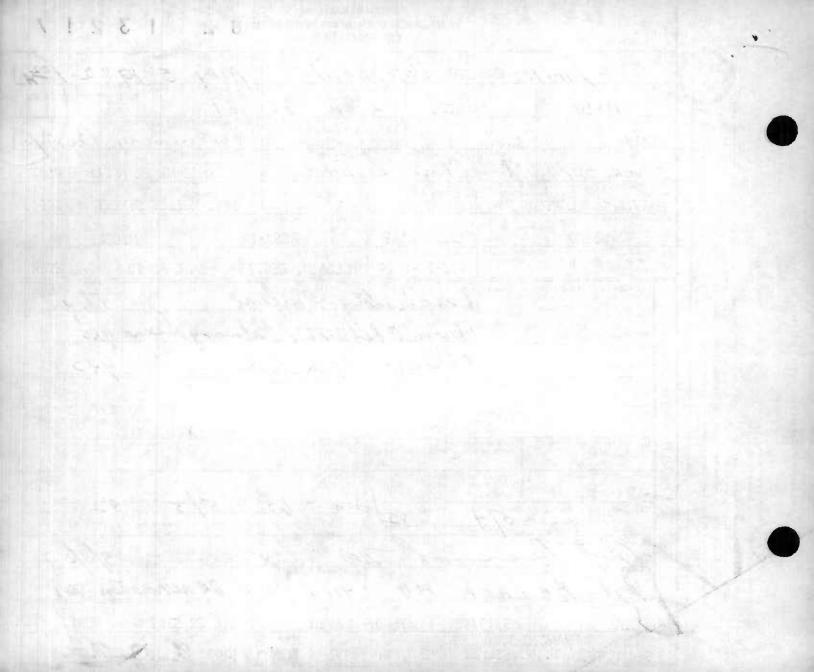
500 UNIV. BLVD., W., SILVER SPRING. MD. 20901

FOR

DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



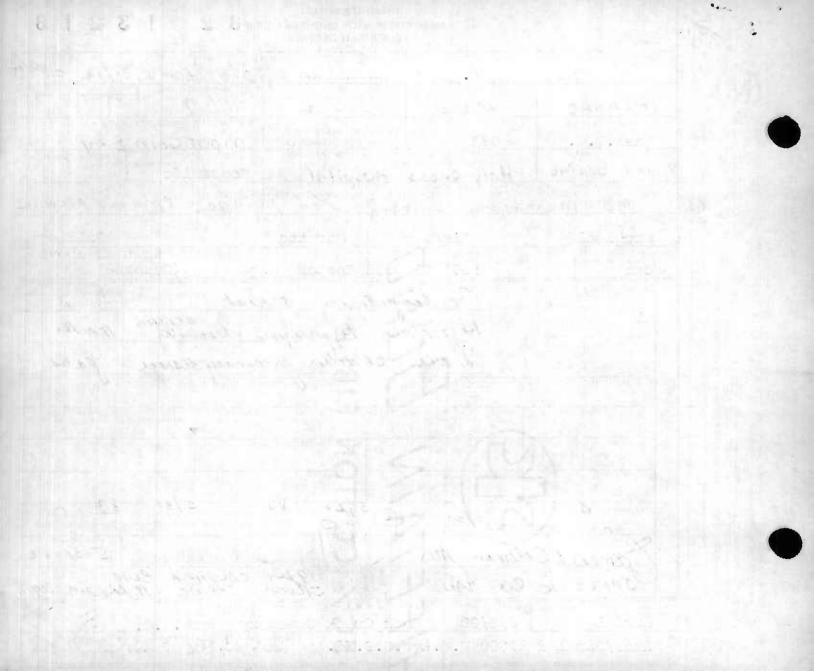
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death.

STATE OF MARYLAND		et a	even.	13.35		II.
DEPARTMENT OF HEALTH AND MENTAL HYGIE	NE 3	2	3	2		
HTATA TO TTA SITITATS			-		- 17	

1						E OF MARYLAND	0 0			10
3,0	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HY		1	3 2 1	8
1	1 DE	CEASED NAME FIR	S1	MIDDLE		AST	REG. NO	D. MONTH DA	Y YEAR 26 I	1011B
194		OR PRINT)	. 377 3	111		and the same of the	A/2 /8	015/	2, /25	HOUR YOU
	3. SE:	Rut	I4 RACE	L.	5. DATE O	tantinou	6. AGE (IN YEARS LAST BIR	J J	FUNDER I YEAR IF U	NDER 24 HRS
8	J. JL.	PEMALE	4 RACE	White	MONTH 9		6 9	YRS	ONTHS DAYS HOL	
17		RTHPLACE (STATE OR FOREIG	76 CITIZI	EN OF WHAT COUNTRY?	MAPPIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY C	OF DEATH	
+ /		Wash.D.C.	10.0	USA	WIDOWE		monto	com	ERVI	M
1,8	51	VER SPRIN	A (IF NO	ME OF HOSPITAL, NURSIN DI IN SUCH FACILITY, GIVE STREET CLV CCS		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWIT	F WORKING LIFE)	12b. KIND OF BUINDUSTRY	SINESS OF
	USU	AL RESIDENCE (IF NURSING H	OME OR OTHER INST	TITUTION GIVE RESIDENCE BEFOR		25/14-91	HOUSEWII			
35		MD m	COUNTY	Mery Silve	R Spring	YES NO [13e. STREET ADDRESS	FAIR	way Ave	enrue
1	14 FA	THER'S NAME FIRST	MIDDLE	tAST.	0	15. MOTHER'S MAIDEN NA	WE		1463	
26		Archibald		Lindse	У	Maretta	······································		Pill:	ing
		VAS DECEASED EVER IN U	S. ARMED FOR		URITY NO.	17 INFORMANT	ADDRE	SS Same	as abo	ove
		lone		578 01	0592	Costos Co	stantinou '	Husba	and)	
		18 CAUSE OF DEATH (EI	nter only one car	use per lipe de la libit on	pi je i				APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
		MA IMM	EDIATE CAUSE	(o) carre	o pece	mary or	rest		mme	
		Canditions, if any, wh		TO, OR A CONSEQUE	PULL	, hervereagen	is " respect	idsi,	noute	1
		gove rise to immedia cause (a), stating	the DUE	TO, OR AT A CONSEQU	ENCE OF	ruetur sai		1	y	
				(c)	Vac		morary our	esec	par	
	z	PART 2 OTHER SIGNIFIC	ANT CONDITIO	ONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO LE TERM	INAL DISEASE OR CONE	NTION GIVEN	V IN PURT Ita	
	CERTIFICATION	190 DATE OF OPERATION	1106	CONDITION FOR WHICH	ODERATIO	NI WAS DEDECORATED	20g AUTOPSY?	TABLE VEC	MEDE EN IDA IOS	105-
2	FIC.	DATE OF OPERATION	170	CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		IN CERTIFY	WERE FINDINGS (ING CAUSES OF D	EATH?
200	ERTI	210 ACCIDENT WAS UNDERLY	NG 🗆 21h	TIME OF INJURY		21. HOW INTURY OCCUR	YES NO	YES		o 🗆
a		OR CONTRIBUTING CAUSE		UR A.M. MONTH D	AY YEAR	21¢ HOW INJURY OCCUR	KED {ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T I OR PART ?)	
	CA	LIFEITHER NOTIFY MEDICALEX		P.M.	19				T	
1	MEDICAL	21d INJURY OCCURRED	/ATH	PLACE OF INJURY OME, STREET, FACTORY, OFFICE	FARM ETC)	21f LOCATION STREET	CITY OR TO	NN	COUNTY	STATE
		WHILE NOT WHILE [1 00		1	- 62	
		220.1 certify that (this		724	82	5/24, 19 81	, ta	3/ 15	that	(we) las
		saw the deceased all abave (we) (did) (nd not) view the	e bady after death.	0 - or	nd that in (our) opinian	death occurred an the do	te and haur c	and from the cause	s stated
		GIGNATURE	04.			DEGREE			22L DATE SIGN	IED
- 1		18ma11	Coles	nan MD		ATTENDING PHYSICIAN F	MEDICAL STAF	F IAN []	5-31	-82
		224 PHYSICIAN'S NAME	(TYPE OR PRINT)			22e ADDRESS 0750	CALLLAN	A RI	111	
1		JAMES	R. Co	KEMAN		SILUGI	SPRINC	M	Meridan	Zen
	73n P	URIAL, CREMATION, REM	OVAL 236. DA	TE 230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	///	HI Y CATTO	
	(SPECIFY) Burial					CITY OR TOWN		COUNTY	STATE
	24 FL	INFRAL DIRECTOR				Creek Cemet			A SIGNATURE	
	F	lines/Rinal	di 118	300 N. H.AV	e.S.S	S.Md.	JN 3 1982	STANAS 1		it him

DHMH - 16 50M 1/B1 (VRA 15, 4)

retained by the hospital or attending physician.



1387

	18 - 17 - 17 -					
	[AP]-					
Server F						
	ava hodin					
				1971	Applied to	
10000000000000000000000000000000000000						
			C NOT WOOD	#101 ST		
			X	on high		7
		-				
3-71-5			1000	200	17-15	

5/15/82

500 UNIV. BLVD. W. SILVER SPRING, MD. 20901

FRANCIS J. COLLINS

CREMATION

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

METROPOLITAN CREMATORY

REG. NO

1982

MARCERON

2h HOUR

12b. KIND OF BUSINESS OR

ONE MONTH

14EAR

COUNTY

ALEXANDRIA

22c. DATE SIGNED

VIRGINIA

3 MONTHS

NO F

STATE

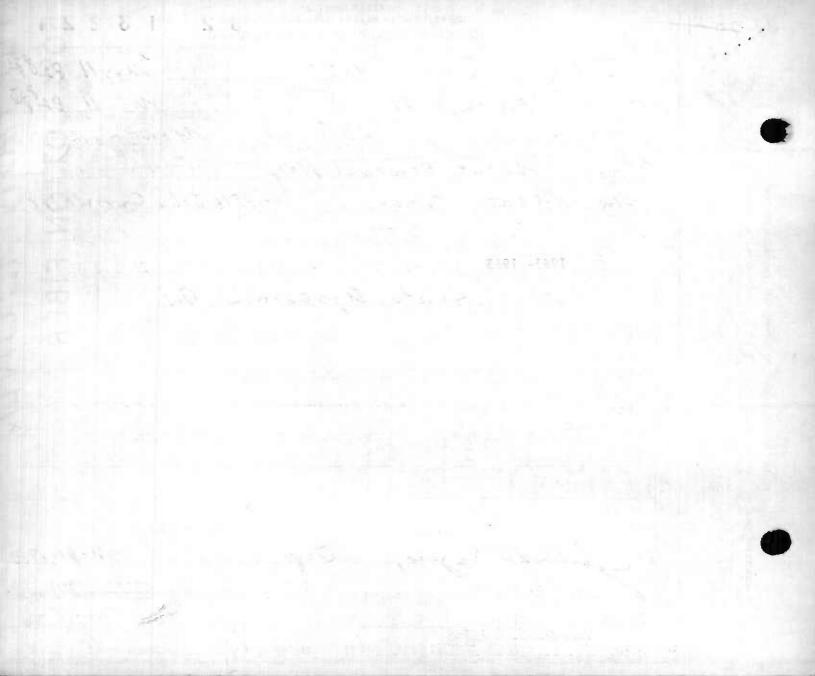
6:30P

DHMH - 16 50M 1/83 (VRA 15, 4)

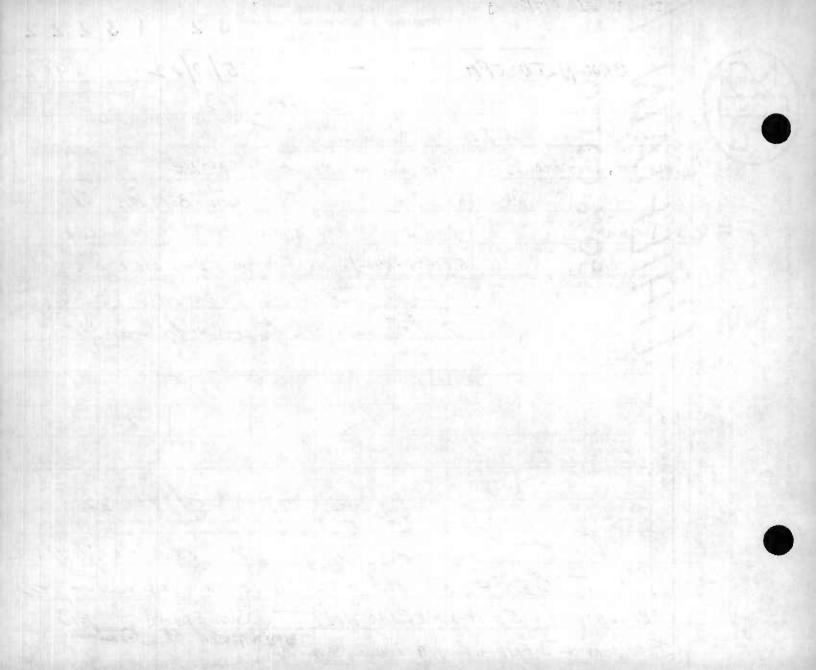
- STATE

REGISTRAR

and the second Marian Dag Marie & Commence of the State of the state of 14500 STATE WALL SHATE CEXES CARRELLA SE CHILD PER COUNTY CONTRACTOR D 13 ST HOW IS SI HAW TO SHOW 4 1.1 .. STATE OF MANY SETS 3379 AH 2 3 GITCHIM NAME OF THE PARTY OF THE PARTY



	I.	tem 10 g568 6/7,	7/82 gj STATE OF MARYLAND	
	1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 3 2	2 2
2		CEASED NAME FIRST	TOSEPH - TOSEPH REG. NO. REG. NO. 70 DATE OF DEATHY MONTH DAY YEAR 5/7/82	26 HOUR
	100	MOLE	CAU S. DATE OF BIRTH MONTH SAY 1848 93 YRS. 14 RACE CAU S. DATE OF BIRTH MONTH SAY SAY 15 UNDER 1 YEAR WONTH'S DAYS YRS.	IF UNDER 24 I
1 11 35		IRTHPLACE (STATE OR FOREIGN	16. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED DIVORCED MONTH	
in by the filed with	Wh	eaton, Maryland	a BEL TRE NUBSING HOME (TYPE OF WORKING LIFE) INDUSTRY	F BUSINESS
y filled in should be er must b	13a.	STATE M.D. 134 POUR	ONTE WATER FOM YES [NO [2601 BE! HE Rd	1.
complete ond 2	1	JOHN	MIDDLE CROWN 15. MOTHER'S MAIDEN NAME APPLIANT MIDDLE LASI APPLIANT MIDDLE	k
on ond co	160	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (1F YES, GIV	ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS WAS GIVE WAR OR DATES) 577-48-7092 JAMES F. COHON 2700 M.L.K. AUE.	5. 5. 8
that the death certifical by the attending phy ease remove carbon paid. cremotion, or remover or other traumatic events		PARTI. DEATH WAS CAUSE	only one cause per line for p), (b), and (c) SED BY. DUE TO, OR AS A CONSEQUENCE OF (c) OUE TO, OR AS A CONSEQUENCE OF	MACHINIERVA DINET AND DE
on. hos been signed to permit. Then ple ene prior to burn ows ony injury, o	CERTIFICATION	PART 2. OTHER SIGNIFICANT (T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF CONDITION GIVEN IN PART 110	GS USED
HYSICIAN: T ding physici is certificate buriof-tronsi Mental Hygi or Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL OF FETTHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
or offending After this ise os the buselth and Manarked or marked or	WE	WHILE NOT WHILE 220.1 certify that (I) (this hospi	Spitall attended the deceased from 1987 to 3 1987	STATE
OR ATTEN he hospital DIRECTOR oched for u Dept. of H		sow the deceased plive on	on	-
retoined by the TO FUNERAL should be detributed by the Store with the Store IMPORTANT:		THE ENT PLAN SHOWE (TYPE O	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF 122 ADDRESS FN ACK MD V1/5 B/(e T) A / A PC Too	7/8
BP	23a E	BURIAL, CREMATION, REMOVAL	profit to the control of the control	D STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FI	INERAL DIRECTOR	ENGLINES 200 KENNELL & NEW 2 988 TRANSPORTERS	IRE



El and a series . The Table the Three Carte to be to commend a server Top Topics AND SECTION Link Kessen Street Mills " 's fine Tenno (n) in one than 1 to 1

Carthey Mid. 1287 Last an moral was all the a coulded Sty105 84125 fullety milete was and the second for

S S S LANG BELLEVILLE BARRET Loudent freehold Maryland . Controllery Stl. Sor. Inc. 1017 Trees District Joseph Jacobs Serganian Agent logical 'est-22-02' (Gage of Menyag | Silver Spring Noning Proceed at at at the property and the second second

MARYLAND STATE DEPARTMENT OF HEALTH

Chinates of the San San San San Active of Girls in take the - William Charles (Children Child Ch STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

3

FOR STATE REGISTRAR		DEPARTM		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 2	0.	3 2	2 /	
DECEASED NAME FIRST (TYPE OR PRINT)	Willard	C.		Daves	20. DATE OF DEATH	129	/8 2	26 HOUR	2 1
3. SEX female	4 RACE Black			OF BIRTH 6/24/1899 YEAR	6. AGE (IN YEARS LAST BIR	YRS.	IF UNDER I YEAR	IF UNDER 24 H	ARS AIN.
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Knoxville, Tenn.	United S	tates	WIDOW		9. BALTIMORE CITY O Montgome	ery Co			MD
Bethesda	(IF NOT IN SUCH	rban Hos	pita.		120 USUAL OCCUPATION OF WORK FOR MOST OF Housewife	F WORKING LIF		ome,	OR
USUAL RESIDENCE (IF NURSING HOMI 130. STATE Maryland Moi	YINU	ive residence before a 3c. CITY OR TOWN Bethesda		13d INSIDE CITY LIMITS? YES NO [13. STREET ADDRESS 6801-Laver	rock C	ourt	5.	
4. FATHER'S NAME FIRST Charles	MIDDLE .	Cansle:	_	15. MOTHER'S MAIDEN NAME FIRST Lillian	WIDDLE		Webbe	er er	
60 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (15 YES.	GIVE WAR OR DATES)	414-92-2		Carolyn L.Rei	ADDRE		Same s	e #13	
20	(c)		EATH BU	T NOT RELATED TO THE TERMI	INAL DISEASE OR CON		EN IN PART 10		
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDIT	ION FOR WHICH C	PERAIL	DIN WAS PERFORMED	YES NOTES	IN CERTIF	YING CAUSES	OF DEATH?	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFE EITHER, NOTIFY MEDICAL EXAM	DEATH HOUR A.M INER) P.M 21e. PLACE O	MONTH DAY	19	211 LOCATION			COUNTY	STATE	
WHILE NOT WHILE AT WORK	White NOI White								
22a.1 certify that (I) (this has saw the deceased alive above. (I) (we) (did) (did) 22b. SIGNATIPE)	an	19	m	, 19, 19	MEDICAL STAI	ote and hav		that (I) (we) causes stated	
22d. PHYSICIAN & NAME (IV	PE OR PRINT)	DIN		22e. ADDRESS	KST ,	vu	1, W 450	17NG 08	K
23a BURIAL, CREMATION, REMOV (SPECIFY) Cremation	AL 236. DATE May 31.			Crematory	23d. LOCATION CITY OR TOWN Washingto	on,D.C	COUNTY	STATE	E

DHMH-16 30M 2/80 (VRA 15, 4)

Cremation
24 FUNERAL DIRECTOR J.William Lee's Sons Co.300-4th St., NE, Wash., DC

Houseston service de 7-0: :0-0: -1 istilan Voltacioni Peres Const. I'll'en es [red] The 22-2376 I rol, m L. Ref nier to (Tanadana) came no 113 real for S 1.12 Tent to the S echington.L.J. J. Milliam Lee's Sons Co. Ru-with St., H., mah. . D. all M. - STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

Cox Rebecca A Davis same as 13e 3 MONTHS 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN CONNECTICUT Metropolitan Crematory Alexandria, Virginia 24 FUNERAL TYSOn Wheeler Funeral Home, Inc. 1331 Rockville Pike Rockville. Maryland

REG NO

2h HOUR

126 KIND OF BUSINESS OR

Assoc.

8:55 a.

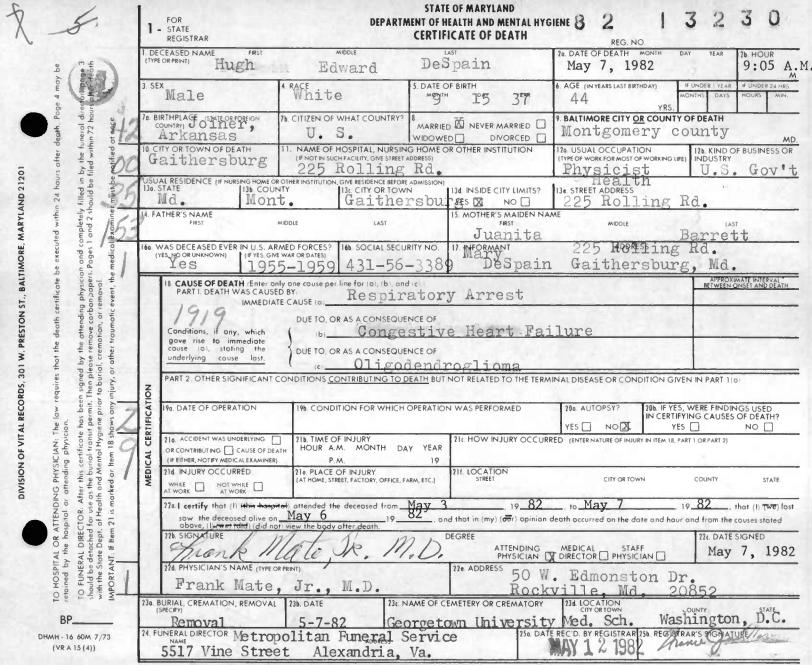
18 1982

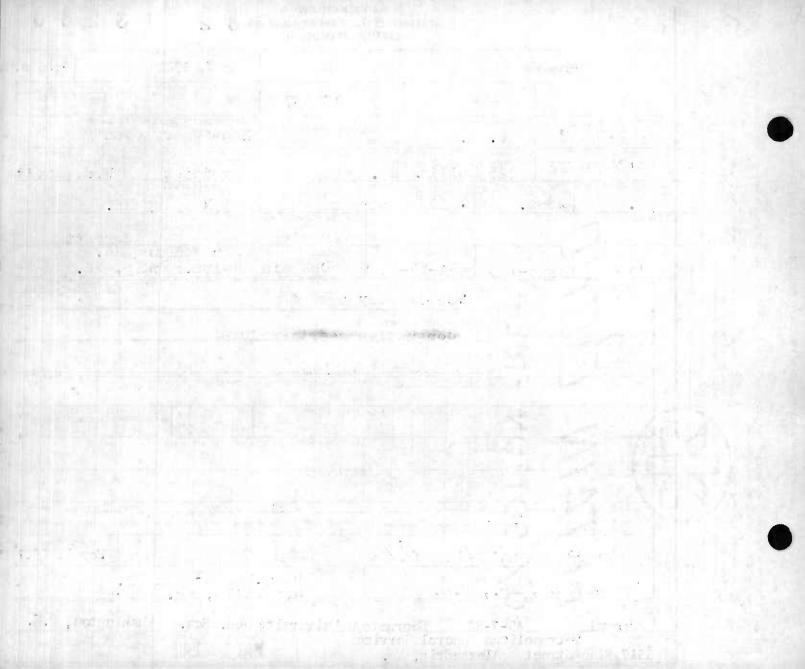
IF UNDER LYFAR

ः हरः अहस्या	62 168					
		61	65 6c 1		od Life	framile a
	Vin	moninoli	7.		ASIL	Major d'oxisage
. Door / E	0 72	ns brood	diam's on	sebnogobu i	63.66	Hockville
	auoguad	abal elde		al filtrio	SE TIMES	neg basigns
		.8	mo/dN	eldraff		\$10/11/2
	as 15e	ence olivico		2-14-6520	i ir	GF-
		1919A				

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICA REGISTRAR OF ESTI-. DECEASED NAME 76 HOUR (TYPE OR PRINT) DEAGRO GEORGIA 4. RACE DAY 3 SEX IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED female white 36 5-30-82 7:40A 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH JE BIRTHPLACE ISTATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland TISA DIVORCED DU Montgomery County
178, USUAL OCCUPATION (TYPE OF WORK 1176, KIND OF BUSINESS) ID. CITY OR TOWN OF DEATH FOR MOST OF WORKING LIFE OR INDUSTRY Clerk-High's Dairy Stores Washington Adventist Hospital Takoma SHOULD BE FARECORDS, USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONAL 13d. INSIDE CITY LIMITS? 136 COUNTY 1415 Quebec Street BALTIMORE, MD. 2120 Prince George Langley Park Maryland NO [AND 2 SH 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Cordelia Martinez Griffen Pearl Matthew George 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS DIVISION Donna J. Ball same as 13e 577-40-1212 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) F MEDICAL EXAMINER ALONG WED AS A BURIAL-TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, DAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hypertensive cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION INER: THIS CERTIFICATION OF THE WORLD FOR THE CHIEF MEI CONWARDED TO THE CHIEF MEI CTOR: PAGE 3 SHOULD BE USED AS HE STATE DEPARTMENT OF HEAN THE STATE DEPARTMENT OF HEAN CHIEF CONTRACTION OF THE 19g DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B AUTOPSY? YESXX NO 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21f. LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEAL DIRECTOR: PAGE 32 AFTER DEATH, WITH THE STATE DEF BALTIMORE, MARYLAND, 21201 PR STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Undetermined manner death resulted from: Natural couses M Accident TITLE (SPECIFY) ACTUAL DATE 5-31-82 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn Street Margarita A. Korell, M.D. (TYPE OR PRINT) 23g BURIAL, CREMATION, REMOVAL 23b, DATE 23d. LOCATION Rockville, Maryland Burial 6/3/82 Rockville Cemetery BP 24 FUNERAL DIRETIPS on Wheeler Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHAMH** - 17 1331 Rockville Pike Rockville, Maryland (VR A15 ME (5)

LEST OF SC 7 | print | pincer! or cold within a tiple size to Marrianni Prince Crorge Compley Park 12 2 2015 qualto Street 5774 Cattan Sommers, Dala sens et 150 A BREDGER POLICE TO A PARTY OF THE STATE OF in - Issues Enternal Select City Colvadia di Ronavillo, Nerrent Mana





poge 3

	1.	FOR STATE REGISTRAR			DEPART	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	GIENE 8 2		3 2	3 1	
		CEASED NAME E OR PRINT)	Henry		Mo		twiler, Jr.	20 DATE OF DEATH			26 HOUR	^
1	3 SE	Male		RACE Whi		Apr	DE BIRTH 18, 1923	6 AGE (IN YEARS LAST BIRT	YRS.	UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.	_
5	М	country aryland		U.S	HOSPITAL, NURSIN	MARRIE WIDOWI	DIVORCED DOROTHER INSTITUTION	9. BALTIMORE CITY OF Montgomer	y DN	12b. KIND C	MD OF BUSINESS OR	-
7	USU, 13a S	STATE	136 COUNT				13d. INSIDE CITY LIMITS?	Serv.Repres 13p. SIREET ADDRESS 778 College	esentative Kodak Co.			_
1	14 FA	ryland ATHER'S NAME PIRST	M	comery Dole D	Rockviller,		YES NO THER'S MAIDEN NA FIRST		e rarki	Tay		
	- (VAS DECEASED EVER YES, NO OR UNKNOWN) 8-W. W.II	(IF YES, GIVE		218-16-		17. INFORMANT Glenore He	Detwiler	SS Addre		ame as	
		Conditions, if ony, gove rise to immr couse (o), stofan underlying couse	, which mediate ing the lost.	(b)	R AS A CONSEQUI	ence of	BONK MET	ASTASES	DITION GIVEN	IN PART 1	EAR	
7	TIFICATION	190 DATE OF OPERA	TION	ION 196 CONDITION FOR WHICH OPERATION			ON WAS PERFORMED 200 AUTOPSY? 706 IF YES, WERE FIN CERTIFYING CA				NGS USED 5 OF DEATH? NO	-
	MEDICAL CERTIFICATION	22d PHYSICIAN'S NA Alfred M	CAUSE OF DEATH CAL EXAMINER) RED (this hospitor and olive on did (did not) AND (TYPE OR	21e PLACE ((AT HOME, SIR))) ottended the MAY view the body PRINT) M. D.	M. MONTH D. M. DF INJURY EET FACTORY, OFFICE, F e deceosed from 19 ofter deoth.	AP	270 ADDRESS 3301 New Me	RED (ENTER NATURE OF INJURY CITY OR TOW	Y IN ITEM 18 PART VN 19. te ond hour or	COUNTY COUNTY And from the 22c. DATE 55-	that (I) we lost couses stated SIGNED	
		BURIAL, CREMATION, SPECIFY) Buria		236 DATE 5-20-8			emetery or crematory coln Cemetery	23d. LOCATION CITY OF TOWN Brentwood	p	•G• I	Maryländ	l

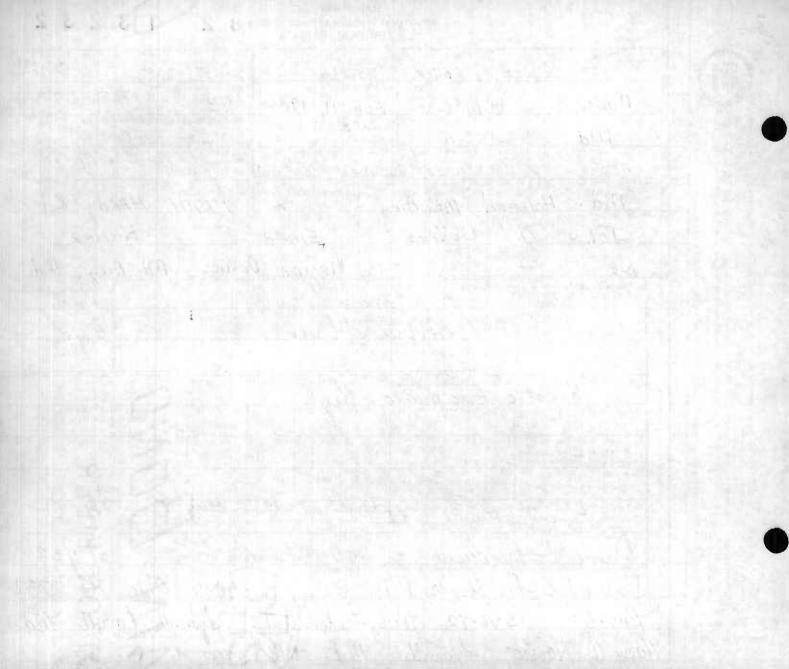
DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

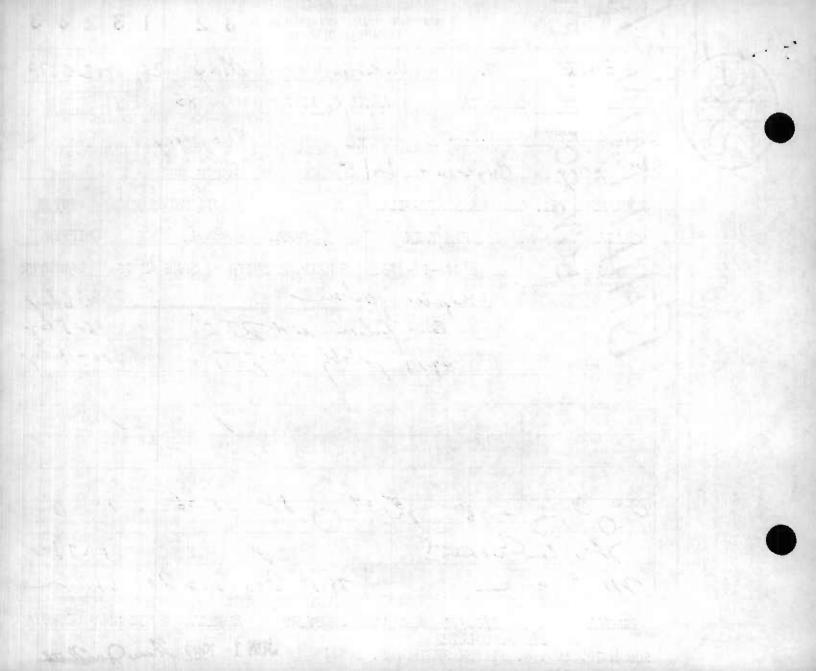
74 FUNERAL DIRECTOR
F. Gasch's Sons F.H. P.A. Hyattsville, Md.

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

. at , noticet, dr. oliff 2501 Levil 18, 1925 innivasi "in the things VERTICE COLORS Pockyillo anny former entactive todal to. 778 College artery Montantery Pockville burryan's SOFTE Frences W. Delwiler, Sr. Want'y Address Same as 212-16-667 Glemore May Detwiler . OF I TO! 50'0' 1' 77 77.'. -207 3701 You Vexice Ive. asbinton, S.C. Alfred buller, M.D. Boolevani .n. T Mt. Lincoln Content Prentwood Stant I Same Ing mil F. Gasch's Sonn V.H. P. . Hyaktaville, Md.



STATE OF MARYLAND



W. PRESTON ST., BALTIMORE, MARYLAND 2120 DIVISION OF VITAL RECORDS, 201

> DHMH-16 30M 2/80 (VRA 15, 4)

- STATE

REGISTRAR

and that in (pg) (aur) opinion death occurred annhe date and hour and fram the causes stated 22c. DATE SIGNED Burial Parklawn Cemetery Rockville 24 FUNERAL DIRECTOR Howard DHale P.O. Box 7428 25s. DATE REC'D. BY REGISTRAR 35h. REGISTRAR'S SIG Warner E. Pumphrey, Inc.Sil. Spr., Md

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 13

CERTIFICATE OF DEATH

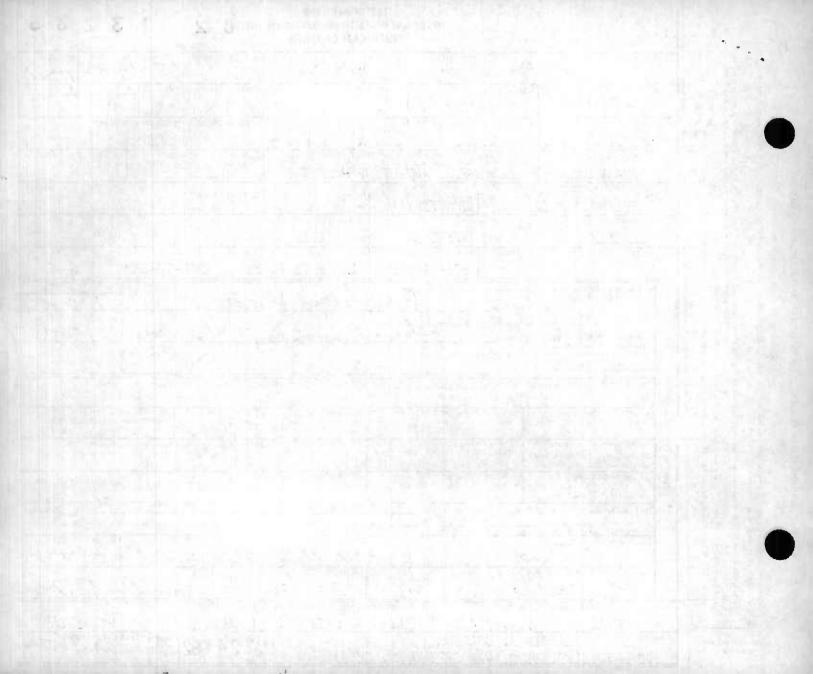
REG. NO.

NO I

STATE

A STEEL STEE THE RESERVANCE OF THE PURPLE OF THE PROPERTY O A SERVER STORY OF THE SERVER AS A SERVER SERVER STORY Manufacture of the Control of the Co

4	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	2 1 REG. NO.	3 2	3 5
3 75	I. DEG	CLARY CLARY		E.	l.	DIXON	20 DATE OF	DEATH MONTH	19.82	26. HOUR - 10:50 PM
ge 4 mg)	FEMALE	CAUCA		S. DATE C		7	EARS LAST BIRTHDAY) YRS.	IF UNDER I YEAR	HOURS MIN.
desorth Pr	WA	SHINGTON, D.C.	u.s		WIDOWE	the state of the s		RECITY OR COUNT MONTGOMER	У	MD.
ors off	T	TY OR TOWN OF DEATH	WASHI	NGTON AD	VENTIS	T HOSPITAL	(TYPE OF WORL	OCCUPATION K FOR MOST OF WORKING L SEWIFE		OF BUSINESS OR
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours vysicion and completely filled in by impers. Pages 1 and 2 should be fill you!		AL RESIDENCE IN NURSING HOME OF O TATE 138 ZOUNT MARYLAND PRI.	GEO.	HYATTSV	ILLE	13d. INSIDE CITY LIMITS? YES NO 1	13e. STREET . 904	ADDRESS LINWOOD	STREET	20783
completel		CHARLES		MATTHEWS		LTLY 17. INFORMANT	VIC	ADDRESS	MEYER	AST
be exect on and c	100 V		WAR OR DATES)	577-01-		LAWRENCE F.	BECK	SON-IN-L		SAME
RDS, 201 W. PRESTON ST., squires that the death certification is signed by the attending pt. Then please remove carbong to burial, cremotion, or remotion, or remotification or certification or other traumatic even	NOI	Conditions, If ony, which gove rise to immediate couse (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OF DUE TO, OF CODUCTIONS CO	R AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER CONTRIBUTING TO	JEACE OF JENCE OF				VEN IN PART 1	
F VITAL RECOIDED TO THE FOW TO Physicion. The low refined hos been reconst permit. Il Hygiene prior in 18 shows ony in 18 show	L CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME O			21c. HOW INJURY OCCURR	YES TENTER NA	NO Y	ES, WERE FIND IFYING CAUSE ES	INGS USED S OF DEATH?
DIVISION OF TENDING PHYSICIA intol or ottending plum or use as the buriolat or use as the buriolat of Health and Mental 21 is marked or them	MEDICAL	INFEITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (I) (this hospital source) the deceased abree on obover. (I) (we) (dight) (did not)	ol) ottended th	OF INJURY EET, FACTORY, OFFICE, deceased from.	121	2H. LOCATION STREET 19 d thos/n (my) four) opinion of	, to	CITY OR TOWN	COUNTY	state, that the last
by the hosp leral DIREC e detoched is Stote Dept. o		226 PHYSICIAN'S NAME (1) FE OF	41	olfer deoth.	Z	DEGREE ATENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN	22c. DATI	E SIGNED MASS
TO HOSPITAL retoined by if TO FUNERAL should be det with the State IMPORTANT:		Michael	Lerbon	1. 4	in	11/20 len	-Har	mila.	Ar S.	S, Mod
520ZBP		BURIAL SPECIFY) BURIAL	23b. DATE 5/2	4/82 A		EMETERY OR CREMATORY TON NATIONAL [25g. DAT	ARL	INGTON		GINIA
DHMH-16 30M 2/80 (VRA 15, 4)		NERAL DIRECTOR FRANCI			G. MD.	N/	AY 24	1982 Chan		Tarthen



STATE OF MARYLAND

0 5 5 6 7 5 8 6 6 6 A THE LEWIS CONTROL OF THE PARTY OF THE PART yenty 's contract factories of the second of MARKET NEW YORK OF THE STATE OF

500 UNIV. BLVD. W. SILVER SPRING. MD. 20901

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE A

CERTIFICATE OF DEATH

26 HOUR

F.T.C.

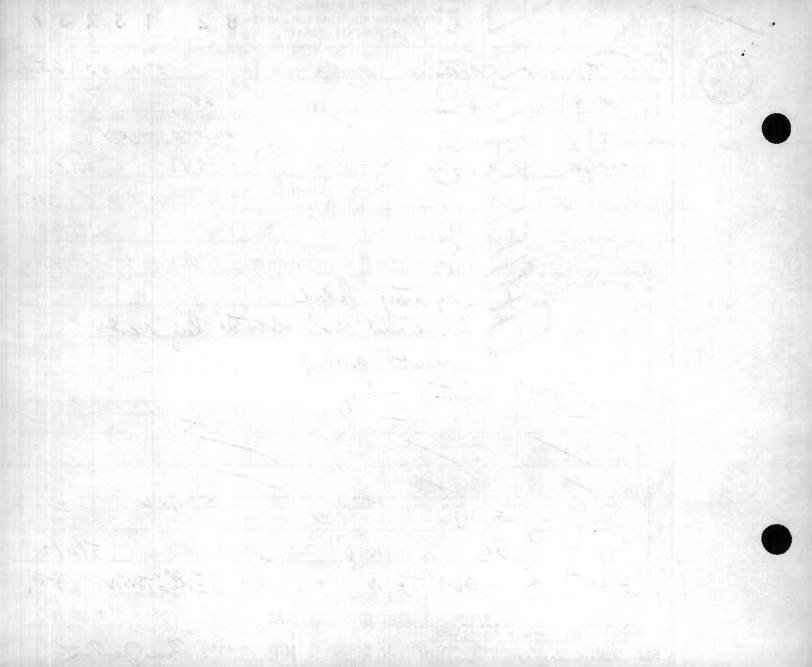
WIFE

NO [

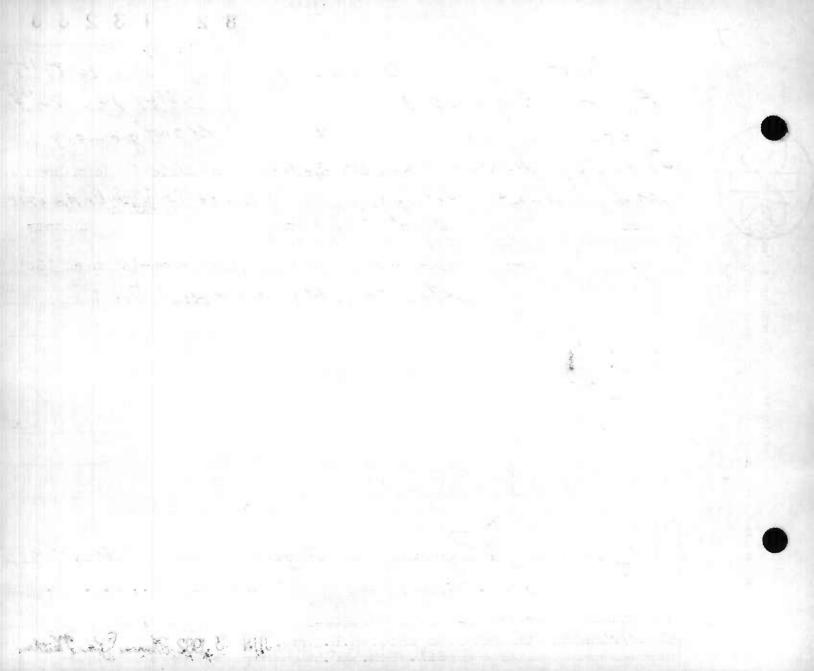
STATE

6PMN

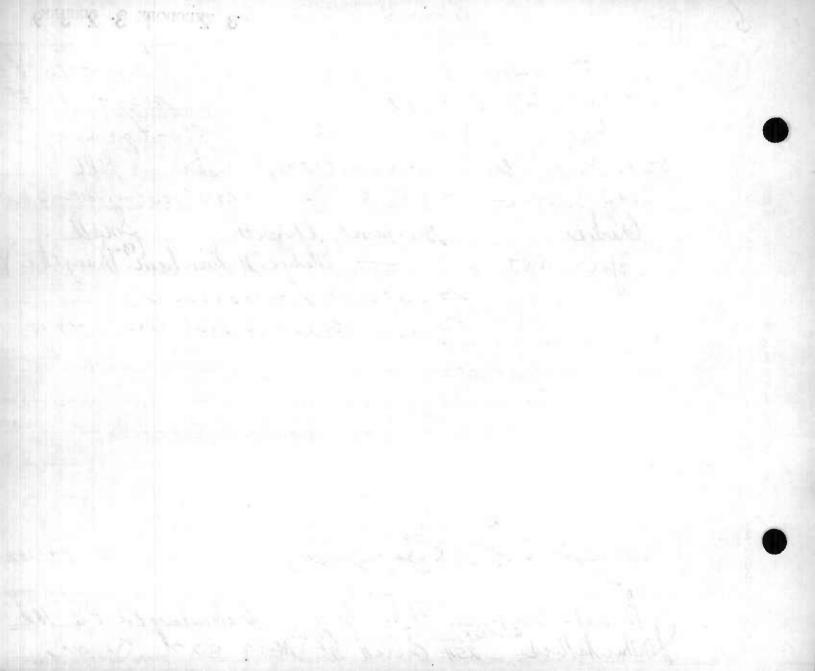
20817



								MARYLAND				
	11		FOR STATE			DEPARTME	NT OF HEALT	H AND MENTAL H	YGIBBE 9	1 3	23	8
	7		REGISTRAR		M	EDICAL EX	AMINER'S	CERTIFICATE O	F DEATH R	EG. NO.	744	
	/		CEASED NAME	FIRST		WIDDFE		LAST	20. DATE KNO	WN MONTH	DAY Y	EAR 76 HOUR
12	W 14.80 m	(14)	E OR PRINT)	050			n.l	~ - les.	OF EST DEATH MAT	1.		an 12/12
Z X	BESSE	3. SEX			S. DATE OF BIRT	и 14	AGE (IN YEARS IF U	NDER I YR. IF ONDER		Mis	12C 19	PM
₹,	影響完整 //	J. OC.	~ L	. 1	MONTH DAY		LAST BIRTHDAY) MON		MIN. PRONOUNCED	a month	UA	12d HOUR
ARY	300000		E KX		Jug. 1	10	2d YRS.		DEAD	2772	2 19	PZ PM
SSS	PRESI		RTHPLACE (STATE OR REIGN COUNTRY)		76. CITYEN OF	WHAT COUNTRY	r? 8. MARE	RIED NEVER MARRIE	9. BALTIMORE	CITY OR COUN	TY OF DEAT	Н
9			France		USZ	Λ	WIDO		A A -	nta		h 40
SI	AGE 5	10. C	TY OR TOWN OF DE	ATH	11. NAME OF H	OSPITAL, NURSI	NG HOME, OR OT	HER INSTITUTION	120 USUAL OCCUPATIO	N (TYP DE WORK	12b KIND C	BUSINESS
DELAY	E A E A	18	3-1 0		11206	FACILITY, GIVE STREE	T ADDRESS)	1 1 1111	FOR MOST OF WORKING L		OR IND	
_ 190	SS 1, 2, AND 3 TO THE PROPERTY OF A STAND PAGE. ND 2. SECOND BE FILED WITH RECORDS, 201 V	ÚSU/	L RESIDENCE (IF IN AL	JRS 1G HOME OF	ROTHER INSTITUTION	GIVE RESIDENCE BEFO	ORE ADMISSION)	. Apt 120	Housewi	fe	own	home
21201 ANY	94382A	13a, S	TATE	135 COUNT	TY 1	13 CITY OF		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	k Toof	4 .	
F. 21	A S S S S	1	us,	Mo	52十	211.	109.	YES L. NO 200	LIZO O KNOWN	XXXXXX	Or. Ax	4 4220
MO.	A 32	14 F/	THER'S NAME		MIDDLE	- 1AS		15. MOTHER'S MAIDEN	NAME XXXX	XXXXXX	-tast	
EAT RE.	MAND AND AND AND AND AND AND AND AND AND		Leo			Stei	ln"	Änna	MIDDLE	-	Cha	setz
9 0		160. V	VAS DECEASED EVER	IN U.S. ARN	NED FORCES?	16b. SOCIAL	SECURITY NO.	17 INFORMANT	AD	DRESS		
BALTIMORE,	GIVE P.	(4	ES, NO, OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	056	22.00	Monton D	anto describer o oc	(12-1
			18 CAUSE OF DEAT	711.45			22-2608	I Morton D	ubinsky-s	on-(sar		13e)
VST., B	3 X X X X X X X X X X X X X X X X X X X		PART I DEATH W	AS CAUSED	y ane cause per li	ne tar (a), (b) or	nd (c).)		1 -	1 6 1	BETWEEN	MATE INTERVAL ONSET AND DEATH
N T	A FER SOLE		1100.	IMMEDIATI	E CAUSE (o)	14c	ule	11,400	2 V diz	(115		
N ST	A TEN		4271		DUE TO, C	OR AS A CONSE	DUENCE OF	(100	
WITHIN	AAN AER	_	Conditions, if gave rise to		(b)							
¥ ×	S S S S S S S S S S S S S S S S S S S		cause (a) stating	g the under-	4	OR AS A CONSEC	OUENCE OF					
201 W. PRESTON ST.,	Z Z Z Z Z		lying couse last.		(0)							
	"Pending" in Pencil in 1784 18, f Medical Examiner Along with the Albary Permit Health and Mental Hygiene, dit, cremation, or removal.		PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBITING TO DEAL	IN BUT NOT BELATED	TO THE TERMINAL OICEA	SE OR CONDITION GIVEN IN PART				
DIVISION OF VITAL RECORDS, SERVIFICATE SHOULD BE EXEC	EATA DO	z	1			- DOT NOT RELATED	TO THE TERMINAL GISEA	SE OR CONDITION GITEN IN PARI	1 (0).			
S S S	- CRASE	CERTIFICATION	19a, DATE OF OPERA	Ohe								
VITAL RI	AL, AL	S	170. DATE OF OPERA	ATION	196 CONE	DITION FOR WH	ICH OPERATION V	VAS PERFORMED?		7	20 AUTO	PSY?
1 X	WORD RECHIE SNT OF	E	N	one	,					- 2	YES	ON NO
PATE ATE	SAN O	3	210 EXTERNAL CAU			OF INJURY .M. MONTH DA	AV VEAD 21c. H	IOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PA	RT 2)	
X 5	E0958		UNDERLYING CONTRIBUTING			M. MONTH DA	19					
ISKTI	PRICE	MEDICAL	21d INJURY OCCUR		21e PLACI	E OF INJURY (AT HOME, 21L LC	OCATION				
	25 25 25 25 25 25 25 25 25 25 25 25 25 2	¥		WHILE	STREET, FA	ACTORY, FARM, ETC.)		STREET	CITY OR TOWN	CO	UNTY	STATE
王	ATE, WORD, 7FF DRWARDED TO THE CHIEF M SR. PAGE 3 SHOULD BE USED A E STATE DEPARTMENT OF HEA ID, 21201 PRIOR TO BURIAL, C		AT WORK AT W	/ORK								
ä	E CERTIFICATE, JULD BE FORN L DIRECTOR: 1 H, WITH THE S , MARYLAND,		22a. I certify that	I took charge	of the remains d	escribed obove,	held an Autop	psy , Inspection	. Inquiry .	and in my op	oinion	
- N	E F E E E		death resulted from	n: Noture	al causes 🔼,	Accident], Suicide	Homicide .	Undetermined manner			
3	ERT LID WIT AR!		and the same		1	7		TITLE (SPECIFY)				
	H. A.	1	SIGNATURE 215	-E	0//	- 001		De a		DATE	11-11	9/601
2			9	1	-0	1	1	N.D.	MEDICAL EXAMINER	SIGNE	olys	- Color
QE)	NO SECTION	1	EXAMINER'S NAME		aha C	Daimana	DMD	1010	G	D - F-G	C M	a .
0	EXECUTE THE CERTIFICATION OF A SHOULD BE FOR TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAN	22. 5:	PAPE OR PRINT)		ohn S.	Rogers			Seminary	Ka_{\bullet} , S	S. M	<u>u.</u>
-	mr = 4 m	(5	JRIAL, CREMATION, R		b. DATE	200	AE OF CEMETERY		23d LOCATION CITY OR TOWN	COUR	YTY	STATE
BI	P		remation	5	-30 - 198	82 Lee	s Crema	atory	Washingto	on, DC		
	DHMH - 17	24 FL	MERAL DIRECTOR	ldi E	unarma	ss Home	11900 NT	.H. Ave. J	C'D. BY REGISTRAR 251	REGISTRAR'S	IGNATURE	iv.
(VR	A15 ME (5) }		KIIId	TUT I	unerar	Sil	Spr I	H. Ave. Ju	IN 3 1982	Crances	Yan!	killer
	15M 2/80							V1(-1				



/		STATE OF MARYLAND
7		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE THEODORE 3. DUNGAM
		MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
-	1. DE	
W	(TYF	E OR PRINT)
	2.00	ned dove I funnam beat mate of sydiot pm
	3. SE	4. RACE 5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED PRONOUNCED
ı		M W. Auc 7 92 19 785
	7a. B	RTHPLACE (STATE ON THE CHILDEN OF WHAT COUNTRY? 8. WOOLD 9. BALTIMORE CITY OR COUNTY OF DEATH
	FC	MARRIED NEVER MARRIED WIDOWED
	ID C	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USGAL OCCUPATION (TYPE WINDOW LINE OF BUSINESS
10	-	11. NAME OF HOSPITAL, NORSING BOWER, OR OTHER INSTITUTION 16. HOSPITAL, NORSING BOWERS) 16. HOSPITAL, NORSING BOWERS) 17. HOSPITAL, NORSING BOWERS) 18. HOSPITAL OF BOWERS
	1	Tek Park Wash Advent Hasa Trenta APO
,	USU/	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATE 136, COUNTY 136, CITY OR TOWN 136, INSIDE (ITY LIMITS? 136, STREET ADDRESS
	130. 3	111 11 11
1	14 F	ATHER SMAIL 15. MOTHER'S MAIDEN NAME
		MIDDLE VLAST IS MOTHER'S MAIDEN NAME MIDDLE
6	2	practed perisan disateth male.
П	16s. V	VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. 17. ORMANI ADDRESS 13. ADDRESS 13. ADDRESS 13.
		100 WWT - Health M. Dunham (Daughler)
1		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
		PART DEATH WAS CAUSED BY:
		LI 5 9 / (DUE TO, OR AS A CONSEQUENCE OF
AL CREMATION, OR REMOVAL		Continued to any which
	-	gave rise to immediate (b)
		cause (a) stating the under- DUE TO, OR AS A CONSEQUENCE OF
		lying cause last.
	- 5	PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)
	Z	The state of the s
_	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY?
7	1 5	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?
	I E	YES NO. PI
2	89	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR
>	1	UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19
i	MEDICAL	714 INITIRY OCCURRED 716 PLACE OF INITIRY TATHOME 711 A OCCUTION
	W	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
		AT WORK AT WORK
		220. Leertify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry . and in my apinion
	1	death resulted fram: Natural causes 🛂, Accident 🔲, Suicide 🔲, Hamicide 🚉 Undetermined manner 🔲,
	1	ACTUAL DATE OF STREET S
_	1	SIGNATURE M.D. DEP MEDICAL EXAMINER SIGNED SIGNED
7	-	
L	-	EXAMINE TYPE OF PRINT ADDRESS.
	73a B	URIAL PREMATION REMOVAL 236 DATE 236 VIRIAL OF CEMETERY OF CREMATORY 22 LOCATION 0
	1	prost 1000 FF Conform Open Of wall
	16	Divide May - 1982 IT successed bladewithing to I'd The
	16	HERAL DIRECTORY J. JECKOSKE FLOWERE LIGHT BE DATH REC'D. BY REGISTRAR 236 YEGISTRAR'S SIGNATURE
	1	William Names 25H Overall At MAY 7 1982 P. W.
	-	The state of the s



THE SECTION OF THE PARTY OF THE SECTION OF THE SECT 0. , 177 TC T Maryland ostroll control was the same and th Nimpon vil (12-) -- 11 1 4 120 month (12 month) . safette de l'entre de l'entre de

AL Home 2008 Baltimore Road Moore Louise Montague 10500 West Lake Dr. Bethesda PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | NOF 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22¢ DATE SIGNED 20852 Burial 5/24/82 Mt Comfort Fairfax Co. Virginia Cunningham Funeral Home, Inc. Alex., Va.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HOUR

17h KIND OF BUSINESS OR

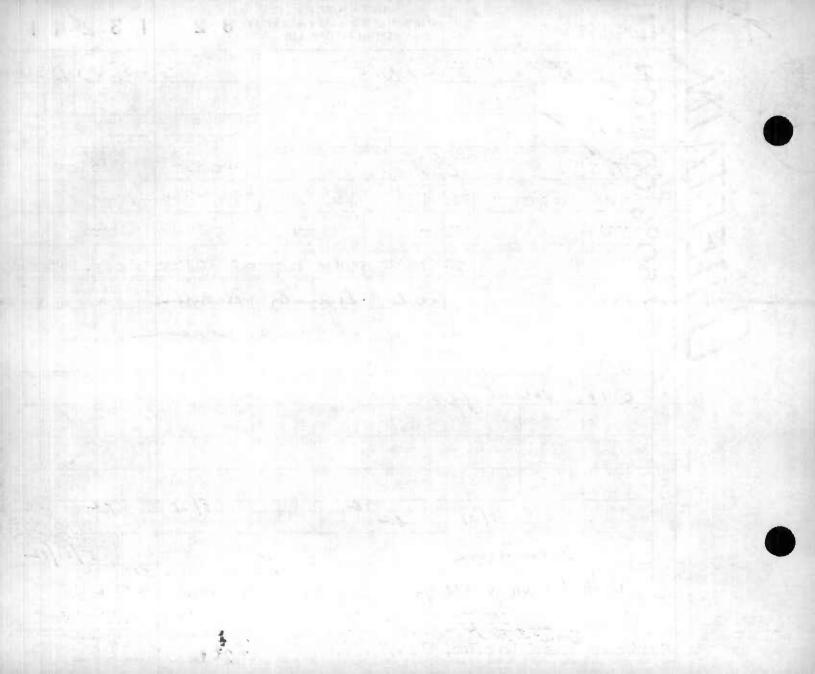
IF UNDER 24 HRS

IF UNDER LYEAR

DHMH - 16 50M 1/81 (VRA 15. 4)

- STATE

REGISTRAR



attending physicion and campletely filled in the

corbon papers. Pages

TO FUNERAL DIRECTOR: After this certificate has been signed by the attenshould be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

ATTENDING

O HOSPITAL OR

BP

/	1-	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND REALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 2 REG. NO.	1 3 2 4 2
į	(TYPE	WILMA	LMA C	ENK	EIGHT	20./DATE OF DEATH MC	5 2282 26 HOUR PM
	1 SEX	Femple.	white	5. DATE C	H DAY YEAR	6 AGE (IN YEARS LAST BIRTHD	YRS DAYS HOURS MIN.
5	(West Virginia	U.S.A	MARRIE WIDOWE		9 BALTIMORE CITY OR	mongomery MD.
0	B	ethesda AL RESIDENCE IN NURSING HOME OR OTH	Suburbe	Y, GIVE STREET ADDRESS)	OF OTHER INSTITUTION	12g. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF W Proprietor	ORKING LIFE) INDUSTRY
5	13a. S	Md. 13b COUNTY Montg	113c. CIT	ry or town hevy Chase		13e STREET ADDRESS #1 Primrose	St. ·
0		THER'S NAME James MIDD	Cul	linan	Annie	WIDDIE	Weber
		VAS DECEASED EVER IN U.S. ARMED (IF YES, GIVE WA NO	AR OR DATEST	7-32-1359	James R Enr	ADDRESS	Maryland. Liver St., Kensington
APPENDICTION OF SHIP	7	18 CAUSE OF DEATH lenter only or PART I. DEATH WAS CAUSED BY IMMEDIATE C. Conditions, if only, which gove rise to immediate couse (o), stating the underlying couse lost.	Y: AUSE (o) DUE TO, OR AS A (CONSEQUENCE OF	nemoin l	afflown	SCE STATE OF THE STATE OF THE SCHOOL OF THE
	VIION	PART 2 OTHER SIGNIFICANT CON					
2	CERTIFICATION	190. DATE OF OPERATION		OR WHICH OPERATIO		YES NO	06. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
1	ICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJUR HOUR A.M. MG P.M.	ONTH DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN	NITEM 18 PART 1 OR PART 2)
	MED	21d INJURY OCCURRED	21e. PLACE OF INJU		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE

21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE

22a | certify that (1) (the hospital) attended the deceased from and that in (our) opinion death occurred on the date and hour and from the causes stated

ATTENDING DIRECTOR PHYSICIAN acov

230. BURIAL,

236. DAT 5/25/1982

Gate of Heaven Cemetery

DEGREE

23d. LOCATION

Silver Spring BY REGISTRAR 256 REG

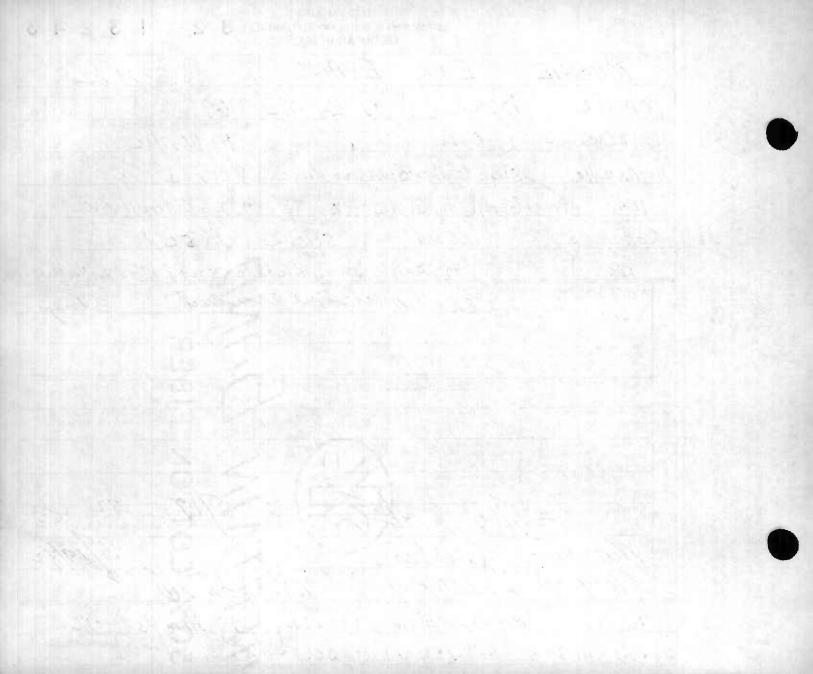
DHMH - 16 50M 1/81 (VRA 15, 4)

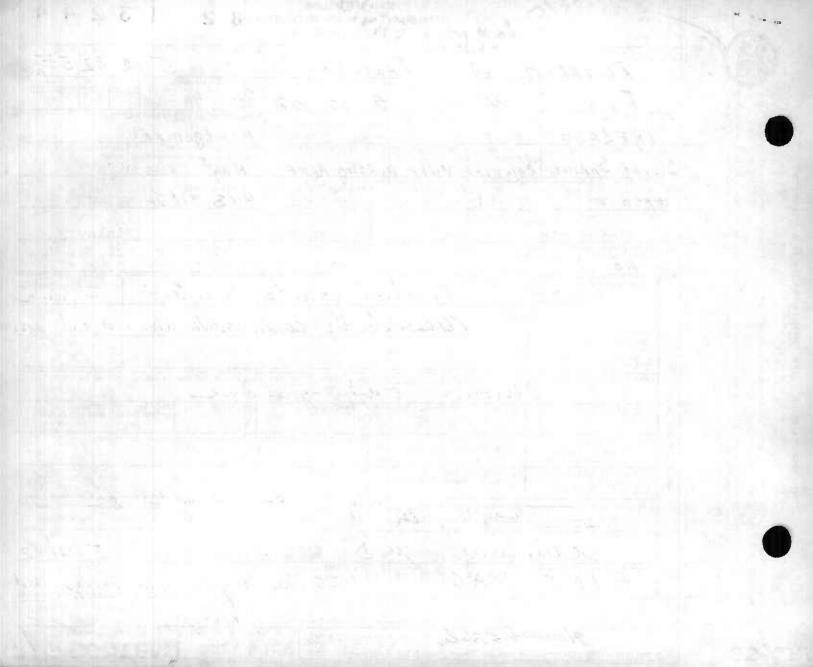
with the State Oct....

Burial DIECTOR Joseph Gawler's RALDIRECTOR Joseph Gawler's Sons Inc.
5130 Wisc. Ave., N.W. Wash., D.C.

THE RESIDENCE OF THE PROPERTY AX object to come some file and the property of the contract of the contrac . Trensment I wont ment to the second to the or lines and lines are to · horself ANT - -10.9 June 10.00 Store to 10.00 and the contract to 10.00 and the contract to 10.00 and 10 The state of the s 5/2 /1982 Cure of Herven Codescopy (11992 Aprile 1997) . ocean depte con The

3	1	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	132	4 3
y be oge 3 death		CEASED NAME FIRST E OR PRINT MAGGIE	MIDDLE	EVANS	20 DATE OF DEATH	5 19 82 2b	HOUR
more more	3 SE	emale	BlACK	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	YRS.	UNDER 24 HRS
100/20	10 B	IRTHPLACE (STATE OR FOREIGN 7) COUNTRY CARDINA	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	HAYHSO	RCOUNTY OF DEATH	J/ MD.
urs affær n by the filed all	H	ACRESIDENCE (IF NURSING HOMEORO	S190 CALLEN	5 NUCSING Home	120 USUAL OCCUPATION OF WORK FOR MOST OF	ON FWORKING LIFE) INDUSTRY	ISINESS OR
hin 24 ho should be should be	130	STATE COUNT	Y / 13c. CITY OR TO	wn lad inside city limits?		arroll Ave.	
complete			ED FORCES? 166 SOCIAL SE	15. MOTHER'S MAIDEN NA	Uivs Appe	S N LAST	
to be execu-		YES NO OR UNKNOWN) (IF YES GIVE	WAR OR DATES) 244-12-	6106 DONALD RICA	rdo 5909	EASTERN AVELLAYI	tkvill-m
that the death certification by the ottending physicose remove carban page al. cremotion, or removal or other traumatic event, it		PARTI. DEATH VENter only PARTI. DEATH WAS CAUSED WAS CAUSED Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.		UENCE OF	renduct	APPROXIMATE BETWEEN ONSE	AND DEATH
aw requires : been signed rimit. Then ple prior to burn ony infury, a	TION			DEATH BUT NOT RELATED TO THE TERM			
The law ricion. te has bee ssif permit. giene prior	CERTIFICATION	190 DATE OF OPERATION		H OPERATION WAS PERFORMED	200 AUTOPSY?		
NG PHYSICIAN: The II attending physicion. Wher this certificate hos os the buriol-transit per th and Mental Hygiene arked ar Item 18 shows	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY	19	RED (ENTER NATURE OF INJUR	IY IN ITEM 18 PART I OR PART ?]	11
DING PHY or attendi	MEC	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE	, FARM ETC) 211. LOCATION STREET	CITY OR 10	WN COUNTY	STATE
R ATTENDE hospitol of hospitol of the for use for use for use for use the for use for		27s.1 certify that (I) (this hospital saw the deceased five or above, (I) (we) (did (idid not)) 17s.5(OptorUse	5/190 // 10	DEGREE	death occurred on the do	that one hour and from the cause	es stated
HOSPITAL OR ned by the hy FUNERAL DIRI		MULLION C	Leuk	ATTENDING PHYSICIAN PHYSIC	DIRECTOR PHYSIC		82
TO HOSPITA retained by TO FUNERAL should be de with the State	230	BURIAL, CREMATION, REMOVAL	Z. ZENK	W WH	EATON, M	0	
DHMH-16 50M 1/81		SPECIFY) SUN: A- UNERAL DIRECTOR	MAY 23,1982f.	Amily Cemelthy	WILSON 2	MISS COUNTY W.C.	STATE
(VRA 15, 4)	11/	LESTIA/ F. H. 343	5-14/3 (ADDRESS)	While local D.C. 30	N 1 1 1982	frame of	100





this certificate has been signed by the attending physician and campletely filled in by the funeral director te burial-transit permit. Then please remave carbanpapers. Pages 1 and 2 should be filed within 72 hours et

marked at them 18 shaws any injury, at other traumatic as the burial-transit permit. Then please remave cart Ith and Mental Hygiene priar ta burial, crematian, ar

MPORTANT: If Item 21 is

236. BURIAL, CREMATION, REMOVAL (SPECIFY)

STATE OF MARYLAND	4	,
EPARTMENT OF HEALTH AND MENTAL HYGIENE	2	
CEDTIEIC ATE OF DEATH		

3

	REGISTRAR		CERTIF	ICATE OF DE	ATH	REG. NO.		
	CEASED NAME FIRST	MIDDLE	l l	AST		20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
(TYP	ANNI	A	FAI	2ACE		MAY 4, 19.	82	3 40 M
3. SE	X	4. RACE	S. DATE C	OF BIRTH	YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	Female	White	5	20	20	6/	RS.	
	IRTHPLACE (STATE OR FOREIGN	75 CITIZEN OF WHAT	OUNTRY? 8	D NEVER MA	PPIED 🗆	9 BALTIMORE CITY OR COL		. /
	Italv	USA	WIDOWE		RCED	MONTGO	OMER	MD.
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA		OR OTHER INSTITU	JTION	126 USUAL OCCUPATION		F BUSINESS OR
5	luer Spring	HOLY C	ROSS H	HOSPIT	19	Housewife	NG (IFE) INDUSTRY	
	ALRESIDENCE (IF NURSING TOME STATE	OR OTHER INSTITUTION, GIVE RESI	DENCE BEFORE ADMISSION) Y OR TOWN	113d INSIDE CITY	LIANITS?	13e. STREET ADDRESS		
	DC		ash.D C		0 🔲	919 Perry	Place.N	_E_
14 F	ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S M		ME MIDDLE	1	
	Enrico		Monico		cetta		Dit	onna
	WAS DECEASED EVER IN U.S. A		CIAL SECURITY NO.	17 INFORMANT	141 14	ADDRESS		72-1-1
	ves, no or unknown) (IF yes, o	GIVE WAR OR DATES) 57	9 58 239	Nicol	la Fa	race (husbar	nd) Same	as abov
	18 CAUSE OF DEATH (Enter		(a), (b), and (c),	Λ	N 1		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUS	ATE CAUSE (a) CON	dio vascu	lar Co	Class	26		
	1579		CONSEQUENCE OF,	4	V			
	Canditians, if any, which	((b) Me	1.	ade	uoca	rcusua		
	gave rise to immediate cause (a), stating the	DUE TO OR AS A	CONSEQUENCE OF					
11	underlying cause last.	(c) 0+	the pa	u creas				
7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIB	JTING TO DEANH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 10	a ·
CERTIFICATION				A SAL				
N.	190 DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATIO	N WAS PERFORM	VED		F YES, WERE FINDIN ERTIFYING CAUSES	
RIE						YES NO	YES 🗌	NO 🗆
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME OF INJUR	ONTH DAY YEAR	21¢ HOW INJU	RY OCCURR	RED (ENTER NATURE OF INJURY IN ITE	A 18 PART I OR PART 2)	
CAI	(IF EITHER NOTIFY MEDICAL EXAMIN	IER) P.M.	19					
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJU	DRY, OFFICE FARM, ETC.)	211 LOCATION STREET		CITY OF TOWN	COUNTY	STATE
_	AT WORK AT WORK					-lu	91	
	220.1 certify that (1) (this has	77	07//	29	1086	_ to _ >/4		that (I) (we) last
	saw the deceased alive of abave, (I) (we) (did) (did)	nat) view the body after de	19 82. 1 / ar	nd that in (my) (at	or) apinian a	death accurring an the date and	I haur and from the	causes stated
	22b. SIGNATURE	1. 110		DEGREE			274. DATE	SIGNED
	tust	M, Ah	W A		ENDING YSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	514	182
	22d. PHYSICIAN'S IN AME	CORPHINE)		22e. ADDRESS			11	1
	Joseph Sol	inas		9801	. Geo	rgia Ave. S	S_Md.	

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR:

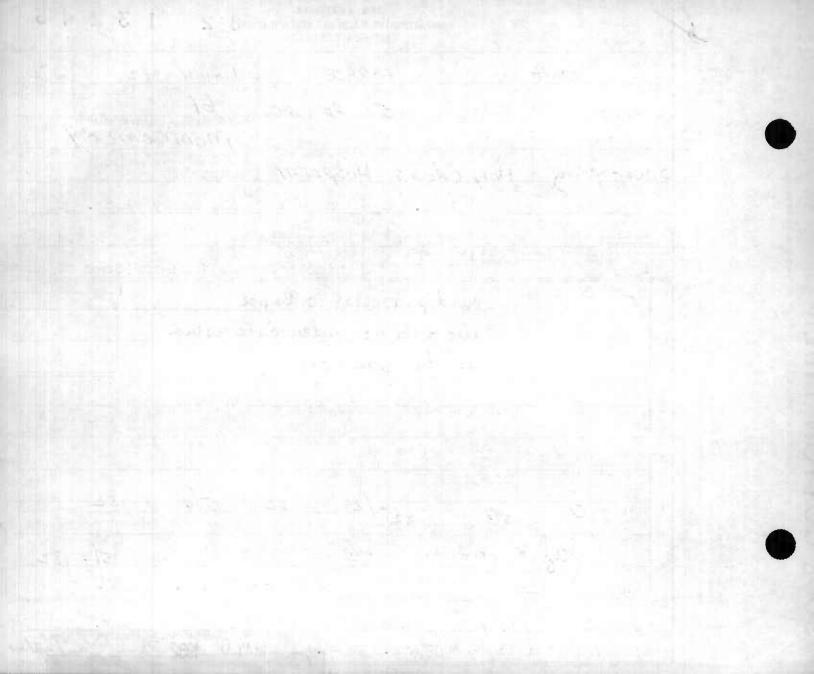
Gate of Heaven SS Mon

Ave.SS Md. MAY 0 1982 Burial 5/7/82 Gate of Hea

MINES / Rinaldi 11800 N_HPEAve.S_S_Md.

23b. DATE

Maryland Mont.



0 2 2 1 2 2 1 3 2 1 0 ANS C. FIELDER WAR RED TO E BELLY DATE OF THE MANNEY SET The Francisco was the AND DUE 1991 1992 SERVICE SERVICES

	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2	3 2 4 7
M	I. DECEASED NAME FIRST (TYPE OR PRINT) MATU	EY FI	NKELSHTEMN	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR /
9	3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER THE HRS
100	Male	Cauc.	JAN. 10, 1903	79 YR	MONTHS DAYS HOURS MIN.
## ON	To BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	NTY OF DEATH
of of	RUSSIA	NONE	WIDOWED DIVORCED	MONTGOMER	Y CO M
d with	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		17a USUAL OCCUPATION	126 KIND OF BUSINESS OF
by the filed filed	BEIHESDA	SUBURBAN 1	103PITAL	BUREAUCRAT	RUSSIAN GOV'
d be	13a. STATE 13b COL		1 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	M
Hool D		GOMERY ROCKVILLE			Road; Rockville
d 2 s	14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	LAST
out S	LEIB	FINKELSHIE	ZYN	(UNK)	S TW21
id co	160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECUP	RITY NO. 17 INFORMANT 215	Rollins Avenue.	T-3; Rockville,
S. Pog	NO	094-62-66	SERGEY LYUBS	KY; Grandson-In	-Law;
physicic on popers emaval.	PART I. DEATH WAS CAUS	only one couse per line for (0), (b), and SED BY: ATE CAUSE (0)		ity ament	APPRÖXIMÄTE INTERVAL BETWEEN ONSET AND DEATH
tending re carbi an. ar r	4275	DUE TO, OR AS A CONSEQUE	NCE OF COMPA	HAMPY ?	

تاسا	IB	FINKELSHIEYN	(UNK)
	WAS DECEASED EVER IN U.S. ARME (YES NO OR UNKNOWN) (IF YES, GIVE W		17 INFORMANT 215 Rollins Avenue, T-3; Rockville, Md SERGEY LYUBSKY; Grandson-In-Law;
7	Conditions, if ony, which gove rise to immediate couse to its stating the underlying couse lost	Y: (AUSE (0) CATOLO DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	- Pulmonary amost Coma eticlegy? T NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATI	ON WAS PERFORMED 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (ATHOME STREET, FACTORY, OFFICE, FARM, ETC.)	ZIE LOCATION STREET CITY OR TOWN COUNTY STATE

DEGREE

22e ADDRESS

ATTENDING

opinion death occurred on the date and hour and from the causes stated

MEDICAL STAFF DIRECTOR | PHYSICIAN [

22c DATE SIGNED

STATE

TO FUNERAL DIRECTOR: ould be detached ith the State Dept. MPORTANT, If he BP.

d Mental Hygrene priar to burial 00

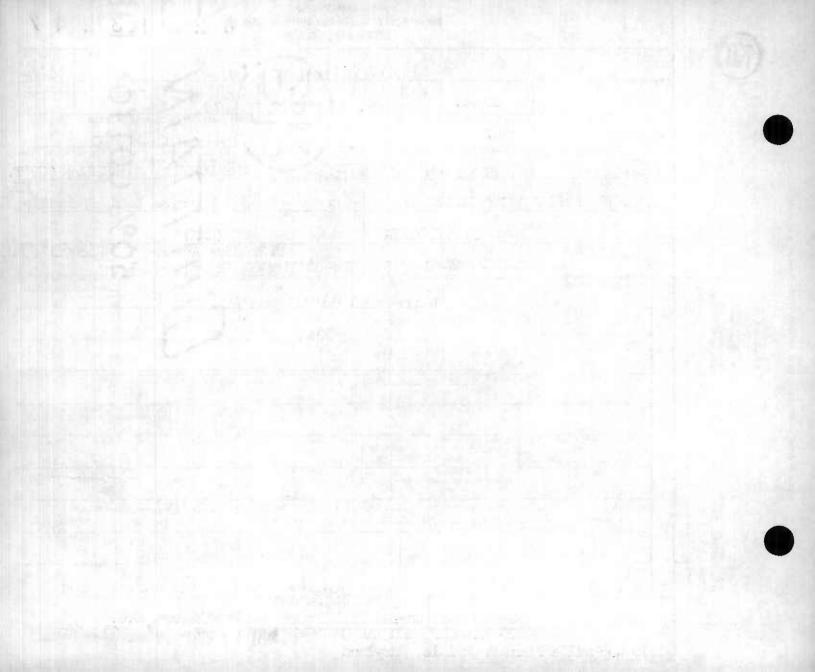
DHMH - 16 50M 1/81 (VRA 15, 4)

23a BURIAL, CREMAT Washington, D.C Chesed Shel Emmes Burial May 19,1982 Chesed Shel Emmes

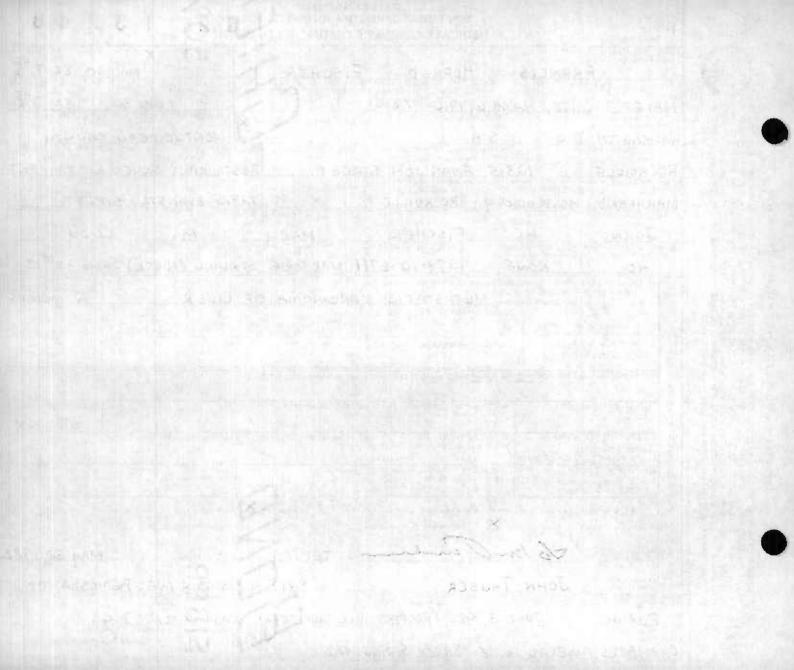
14 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS
1170 Rockville Pike; Rockville, Maryland Burial

22a I certify that (I) (this hospital) attended the deceased from

sow the deceased alive on obove, (I) (we) (did) (did not) view the body after death.



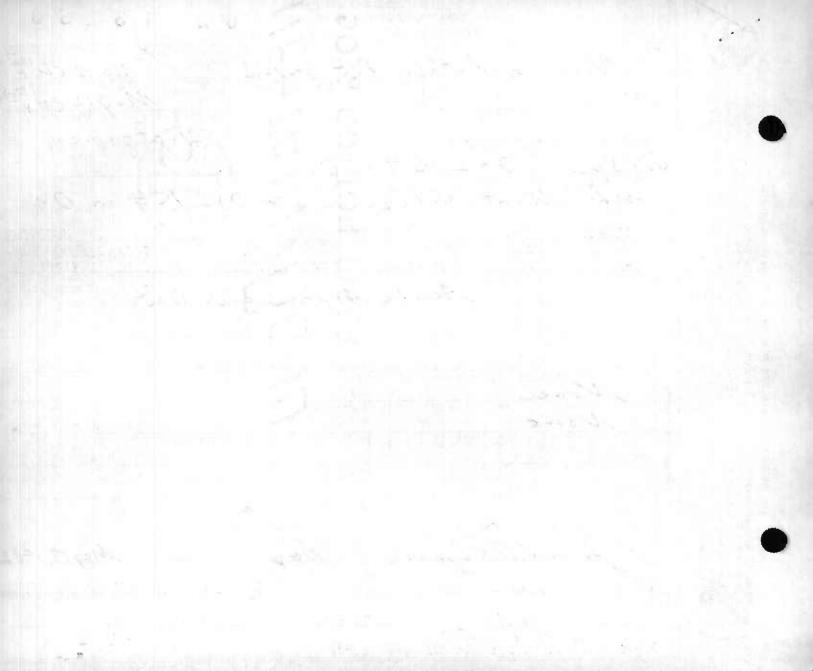
1. DE	FOR STATE						
1. DE				EALTH AND MENTAL I	TYGIENE ?	1 3	2 4 8
	REGISTRAR	ME	DICAL EXAMINE	R'S CERTIFICATE C	OF DEATH RE	G. NO.	
	CEASED NAME FIRS	ST	WIDDLE	LAST	20. DATE KNOV OF EST	VN X MONTH	DAY YEAR 26.
	FRAI	NCIS	ALFRED	FISCHER	DEATH MATE	MAY 3	10,1982 7:
SE		5. DATE OF BIRTH	6. AGE (IN YEAR LAST BIRTHDAY			HINOM	DAY YEAR 2d
u	ALE WHITE			MONTHS BATS HOURS		MAY 30,	1982 7:
7a. B	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF W	HAT COUNTRY?	MARRIED NEVER MARE	9 BALTIMORE	ITY OR COUNTY	OF DEATH
	SHINGTON, D.C.	U.S.A		WIDOWED DIVOR		OMERN O	DUNTY
10. C	ITY OR TOWN OF DEATH	11, NAME OF HO	SPITAL, NURSING HOME,	OR OTHER INSTITUTION	12a. USUAL OCCUPATIO	N (TYPE OF WORL 12)	OR INDUSTRY
R	CKVILLE			STREET	RESTAURANT		RESTAURI
USU	AL RESIDENCE (IF IN NURSING HO	OME OR OTHER INSTITUTION, COUNTY	13c. CITY OR TOWN		13e STREET ADDRESS		
		NTGOMERY	ROCKVILLE	YES NO		ISTON STA	REET
	ATHER'S NAME			IS. MOTHER'S MAID			
-	JOHN	MIDDLE	FISCHER	MARI	MIDDLE	C	DDU
160.	WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECURITY		AD	DRESS	
((ES, NO, OR UNKNOWN) (IF YES,	NONE	579-10-6	711 MARTARIE	SPRUILL (A	HECE) SA	ME AS #1.
	18. CAUSE OF DEATH (Ente			TI II-III NO OKI S	OT KUNCO (A	1000	APPROXIMATE INTE
	DADTIDEATH WAS CA	LICED BY		CARCINOMA	OF LIVED		2 MON
	1991 MME		R AS A CONSEQUENCE O		OF CIVER		SK THOIS
	Canditians, if any, w	which					
	gave rise to immed		R AS A CONSEQUENCE O	F			
	lying cause last.						
	PART 2 OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEAT	BUT NOT RELATED IN THE TERMIN	IAL DISEASE OR CONDITION GIVEN IN P.	APT 1 (a)		
Z			and the state of the feature	THE WISENSE ON COMPITION OFFER IN F	WI I (U),		
A E	19a. DATE OF OPERATION	19b COND	ITION FOR WHICH OPERA	TION WAS PERFORMED?			20 AUTOPSY?
1 2							YES NO
CERTIFICATION	210. EXTERNAL CAUSE WA			21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2	
	UNDERLYING OR		M. MONTH DAY YEAR				
13	CONTRIBUTING CAUSE	21e PLACE	A. 19 OF INJURY (ATHOME,	21f. LOCATION			
ă		STORET EA	TORY, FARM, ETC.)				
MEDICAL	WHILE NOT WHILE	SINCEI, FA	LIORT, PARM, ETC.)	STREET	CITY OR TOWN	COUNT	Υ



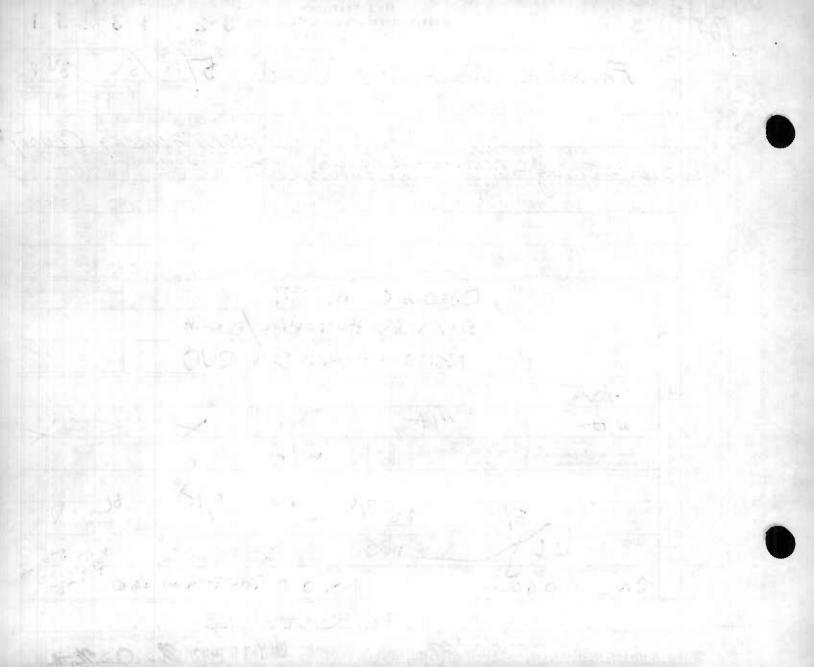
STATE OF MARYLAND

CALL TO THE RESIDENCE OF THE PARTY OF THE PA St. 1921 Charact Character of 1920 mineral E berefere Met La relicitate (12 miles various messe) estisés talés . Companya -/ C the state of the s SOURCE SAME SERVICE STATE OF THE SERVICE STATE STAT

3. SEX 4. RACE 5. DATE OF BIRTH MONTH DEC 3. 1921 70. BIRTHPLACE (STATE OR TO BUTTON OF WHAT COLUNTORS) TO BUTTON OF WHAT COLUNTORS TO BUTTON OF WHAT COL	HOUS
1. DECEASED NAME FRST MIDDLE LAST (TYPE OR ARINT) 1. DECEASED NAME FRST MIDDLE LAST (TYPE OR ARINT) 1. DECEASED NAME (TYPE OR ARINT) (TYPE OR ARINT) 1. DECEASED NAME (TYPE OR ARINT) AND LEST MONTH DAY YEAR 26 DEATH MATED MONTH DAY YEAR 26 1. DATE OF BIRTH MONTH DAY YEAR 26 1. LAST BIRTHDAY) MONTH DAY YEAR 26 MONTH DAY	HOLIR
3. SEX 4. RACE S. DATE OF BIRTH DAY YEAR LAST BRITHDAY MONTHS DAYS HOURS AND PRONOUNCED MONTH DAY YEAR 22	
3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR 1. ASE (IN YEAR) 1. LAST BIRTHDAY) DEC 3 1921 7. BIRTHPLACE (STATE OR 7. CITIZEN OF WHAT COUNTRY? 1. ASE (IN YEAR) 1. LAST BIRTHDAY MONTHS DAYS HOURS MIN. DEC 3 1921 7. BIRTHPLACE (STATE OR 7. CITIZEN OF WHAT COUNTRY? 1. ASE (IN YEAR) 1. ASE (IN YEAR) 1. LAST BIRTHDAY MONTHS DAYS HOURS MIN. DEAD 1. BIRTHPLACE (STATE OR 7. CITIZEN OF WHAT COUNTRY? 1. BIRTHPLACE (STATE OR 7. CITIZEN OF WHAT COUNTRY? 1. BIRTHPLACE (STATE OR 7. BIRTHPLACE (STATE OR 7. CITIZEN OF WHAT COUNTRY? 1. BIRTHPLACE (STATE OR 7. BIRTHPLACE OR 7. BIRTHPLACE (STATE OR 7. BIRTHPLACE OR 7. BIR	D'M
DEC 3, 1921 60 YRS. DEAD OF BIRTHPLACE (STATEOR TO COUNTY) OF BALTIMORE CITY OF COUNTY OF DEATH	HOUR
	OM
	MD.
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF JUSIN OR INDUSTRY	ESS
USUAL RESIDENCE (IF AURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. COUNTY 131. FATHER'S NAME FIRST MIDDLE 13. MOTHER'S MAIDEN NAME FIRST MIDDLE 13. MOTHER'S MAIDEN NAME FIRST MIDDLE 14. FATHER'S NAME FIRST MIDDLE 14. FATHER'S NAME FIRST MIDDLE 15. MOTHER'S MAIDEN NAME FIRST MIDDLE 16. STATE 17. FATHER'S NAME FIRST MIDDLE 18. MOTHER'S MAIDEN NAME FIRST	
11. FATHER'S NAME FIRST MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST	
FIRST MIDDLE LAST FIRST MIDDLE LAST FIRST WILLIAM R. FITZGERALD ANNA E. HUTCH	
WILLIAM R. FITZGERALD ANNA E. HUTCH WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) VES WW II 578-18-7399 MARY E. NEWKIRK FREDERICK, MD. 21701	OAD
- CAUSE OF DEATH (Enter only one course per line for (a) (b) and (c))	RVAL
THE CAUSE OF DEATH (Enter only one cause per line far (a) (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which Conditions, if	DEATH
DUE TO, OR AS A CONSEQUENCE OF	
gove rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF	-
Iying cause lost.	
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	
196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES N 216. EXTERNAL CAUSE WAS 216. EXTERNAL CAUSE WAS 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	10 🔂
216. EXTERNAL CAUSE WAS UNDERLYING OR PORT OF INJURY HOUR A.M. MONTH DAY YEAR	
VO DENTING CAUSE OF DEATH P.M. 19 210 INJURY OCCURRED 211e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY	_
AT WORK AT WORK	STATE
270. I certify that I took charge of the remoins described above, held an Autapsy , Inspection , Inquiry , and in my apinian death resulted from: Natural couses Accident , Suicide , Homicide , Undetermined manner , TITLE (SPECIFY) M.D.	
deoth resulted from: Naturol couses Accident , Suicide , Homicide Undetermined monner ,	
TITLE (SPECIFY) ACTUAL SIGNATURE ACTUAL M.D. 125 20 MEDICAL EXAMINER SIGNED 28 13.14	982
EXAMPLES NAME	
PAGE 101 S ROGERS ADDRESS 1919 SEMINARY ROAD, STIVER SPRING PAGE 1236 NAME OF CEMETERY OF CREMATORY 1238 LOCATION	MD.
BPBURIAL 5/15/82 MT. OLIVET CEMETERY WASHINGTON. D. C.	
DHMH-17 24. FUNERAL DIRECTOR FRANCIS J. COLLINS 250. DATE REC'D. BY REGISTRAR'S SIGNATURE	
(VRAISME(S)) 500 UNIV.BLUD. W. SILVER SPRING MD. 20901	



						OF MARYLAND	40. 43	1 100 6	. yes 6
1211	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	1 3 2	. 5
.2	I DE	CEASED NAME FIRST		WIDDLE	ı	AST		ONTH PAY YEAR	26 HOUR
nay be page 3	11112	PATRIC	K	TAMES Z	TZ-0	gibhnis	2/1	5/8	8- PM
r, pa	3 SE		4 RACE		5 DATE C	BIRTH YEAR	6. AGE JIN YEARS LAST BIRTH	MONTHS DAYS	
o o o	MA		CAUCAS		SEP	T 29, 1894	87	YRS.	
A Section	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF	WHAT COUNTRY?		NEVER MARRIED	BALTIMORE CITY OF	COUNTY OF DEATH	0 5
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		SSACHUSETTS TY OR TOWN OF DEATH	U.S.	HOSPITAL NURSIN	WIDOWE	DIX DIVORCED	126 USUAL OCCUPATIO	OMPRY	OF BUSINESS OR
E 2 4 1 1	5	LVER SPRIN	GIO!	Spanier ansatul	ADDRESSI /	LURSING CENT	ACCOUNTA	WORKING LIFE) INDUSTRY	
filled in by uld be filed v	USU/ 13e S	TATE 136 COUNT	OTHER INSTITUTION	136. CITY OR TOW	ADMISSION)	1134 INSIDE CITY LIMITS?	13. STREET ADDRESS		
E P	M	ARYLAND MONTG	OMERY	WHEATON		YES XX NO 🗆	2908 BLUERI	DGE ROAD	20902
2 sho	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		AST
1 and 2 should		JAMES	FI	TZGIBBONS		ELLEN	40005	LYNC	CH
ages 1	()		MED FORCES? WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT	ADDRES		0.011
E G .	_y	S WW		578-32-1		EUGENE G. F	11 ZGIBBONS	SAME AS 1:	
physicia papers. emoval. tic even		18 CAUSE OF DEATH (Enter on PART 1. DEATH WAS CAUSE	D BY.	CA301		ARREST		BETWEEN	NUMBET AND DEATH
rending ph carbon pa on, or rem traumatic		414A IMMEDIAT	E CAUSE (o)			1	1 - 14		
		Conditions, if any, which	DUE TO, C	or DOOMSESUE	NES!	Agnost April 2	E/EDRMA		
the at emove remati other		gave rise to immediate cause (a), stating the	DUE TO, O	PAC Donot do	NCEOB	11.10 1- 20	Fab		
d by ase re ial, cr y, or		underlying cause last.	(Ic)_	BIN	Jan	KINDONTH	OB COO		
een signed Then pleas or to burial any injury,	NO	PART 2 OTHER SIGNIFICANT	ONDITIONS C	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART I	(01
as been mit. The prior ows an	CERTIFICATION	198 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE FIND	INGS USED
sh sh	TIFF	MIB		11			YES NOR	YES [NO DE
transit praid Hygin Is		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		OF INJURY	Y YEAR	216 HOW INJURY OCCUR	RED JENTER NATURE OF INJURY	IN ITEM 18, PART I OR PART 2)	
ial- ial-	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P	.м.	19	010			
ke b	MED	21d INJURY OCCURRED WHILE NOT WHILE		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
A start		AT WORK -	1		-	10 70	5/15	4)	
Tuse f He		220.1 certify that (this haspi				d that in (my) (aur) equinion	death accurred on the dat	e and hour and from th	, that (1) (we) last
DIRECTOR hed for use a Dept. of Hea If Item 21 is		saw the deceased alive on above, (1) (we) (did ridid had 22). SIGNATURE	N view the body	ofter death.		DEGREE			E SIGNED
AL DI tache te De T: If		T	TX		M.C) ATTENDING	MEDICAL STAFF	12/	15/85
VER,		224 PHYSICIAN'S NAME ITYPE O				22e ADDRESS		12	JOKNUE
TO FUNERAL C should be detach with the State D IMPORTANT: II		CARL MAN	10001			11 tot 000	CEDSCLESON	n as w.	20852
F#3 ₹	23e. B	URIAL, CREMATION, REMOVAL	23b. DATE	23¢ N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
		BURIAL	5/19		IT. OL	IVET CEMETERY	WASHINGTO	N, D. C.	
DHMH-16 25M	24. FL	NERAL DIRECTOR FRANCI	S J. CO	LLINSRESS	160	Da a	E REC'D. BY REGISTRAR 2	SE REGISTRAR'S SIGNA	TURE
RA 15, 4) 1/79		500 UNIV. BLVD.	W. SILV	VER SPRING	, MU.	20901	Y 19 1982	news Of	1.77



- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR

DECEASED NAME

12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY DIAMOND TAXI 3603 LAWRENCE AVENUE 20895 YATES SAME AS 13 DAUGHTER APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH crosclerationalionascular Disen CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE . 19 8 2 and that in (my) (applican deoth occurred on the date and haur and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Jun D FRIA Do BURTAL 5/20/82 LINCOLN BRENTWOOD PRI GEO MD. 24 FUNERAL DIRECTOR FRANCIS J. COLLINS 500 UNIV BLVD . W. SILVER SPRING

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

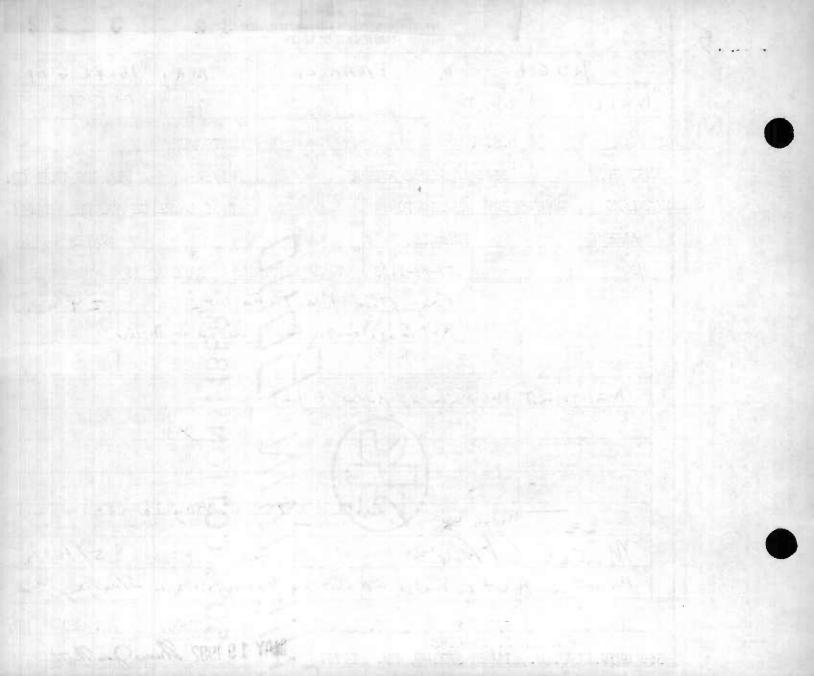
CERTIFICATE OF DEATH

REG. NO

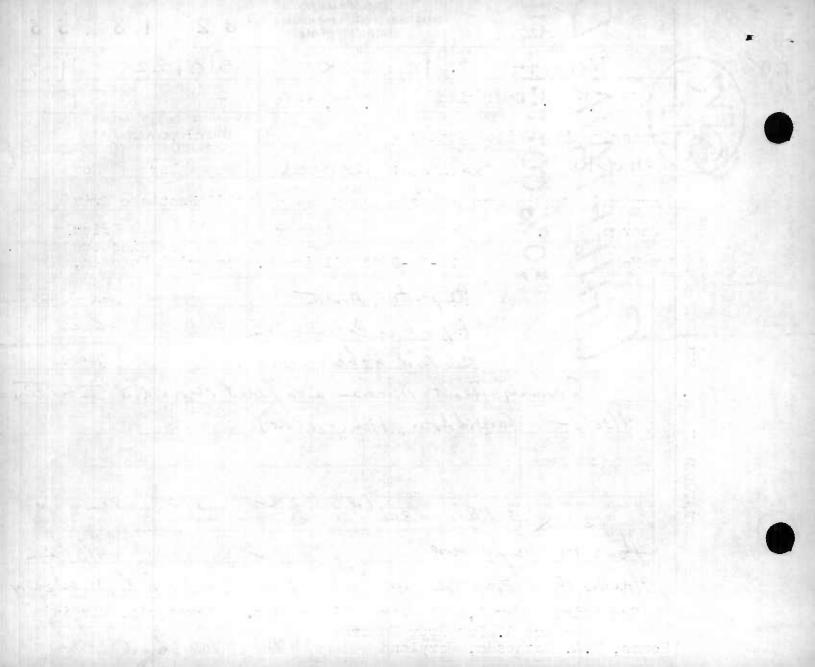
6

2b. HOUR

6:00 8



STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 1. DECEASED NAME FIRST 20. DATE OF DEATH MONTH 2h HOUR TYPE OR PRINTS Theodore NMT French 5.25.82. 11:15B 4 RACE IF UNDER LYEAR 5. DATE OF BIRTH IF UNDER 24 HRS 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) Male White Dec. 25, 1916 65 7a. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED TENEVER MARRIED US Montgomery WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION II. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Bethesda Attorney US GOVT. Suburban Hospital OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION USUAL RESIDENCE (IF NURS INC. III) 13g STATE CUNTY Rockville 13d. INSIDE CITY LIMITS? 13e, STREET ADDRESS Montgomery 10500 Rockville Pike Md. NO [34 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Williams Cordelia Frederick F. French 16s WAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO 17. INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) 129-14-8117 Katharine D. French Same as Item # 13 No 18 CAUSE OF DEATH (Enter only one couse per line for jo), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 CERTIFICATION 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20s. AUTOPSY? 201: IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 218 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from sow the deceased alive on above, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 22b. SJGNATURE DEGREE ATTENDING MEDICAL + e deto State PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS ld b MPORT HOSP 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIEV) Cremation 5/27/82 Suitland, Maryland Cedar Hill Crematory 24. FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. DHMH-16 30M 2/80 NAME 5130 Wisc. Ave. N.W. Wash. D.C.

(VRA 15, 4)

A mark on your money . and only the the same

	1.	FOR STATE REGISTRAR		DEPARTI		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		5 2	5 5
· (M)		CEASED NAME FIRST	4	MIDDLE	RI	EDMAN	20. DATE OF DEATH	MONTH DAY	YEAR 1982	26 HOUR 4:25 PA
4 H	3. SE		4. RACE Caucas:	ion	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
Page		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MAR		9 BALTIMORE CITY O	YRS.	F DEATH	
death.	L	ondon, England	USA		MARRIE	D NEVER MARRIED DIVORCED	Monta	_	/	MI
by the filled with	R	ock ville	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	ER WASHINGTON	120 USUAL OCCUPATION OF THE TRAILOR	ION /	126. KIND O INDUSTRY Cloth	F BUSINESS OR
filled in hould be	Ma		OTHER INSTITUTION NTY SOMETY	GIVE RESIDENCE BEFORE 13c CITY OR TOW ROCKVIL		13d INSIDE CITY LIMITS?	13. STREET ADDRESS 6121 Montr	ose Rad	od	
ompletely 1 ond 2 s	H	yman	MIDDLE	Rudolph		Martha Martha	, WIDDIE		Studen	
be execu	16a V		MED FORCES? /E WAR OR DATES)	214-74-4		Donald Fried	man;9702 Da	iver Sp meron l	Drive;	
ficate paper: noval. ent, the		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per D BY:	Jine Tor (0), (b), an	io b	almone	2 4 10	: 1	APPROXI BETWEEN O	MATE INTERVAL
the deoth cert the attending p remave carbon emotion, ar ren ier troumatic ev		H 3 6 0 Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, Q		SOU	ascular	accio			
ed by please rrial, cr		underlying couse lost PARI 2 OTHER SIGNIFICANT ((c)_	ONTRIBUTING TO I	1000	sascula				11 11 11 11
equire n sign Then injury	NO O	Schere a	dem	eutia	LAIH BUI	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	I IN PART TO	
The low rion. that has been it permit. there prior naws any	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO NO	20b. IF YES, V IN CERTIFYII YES	VERE FINDING CAUSES	IGS USED OF DEATH? NO
CIAN Ti physicie rithicote al-tronsit atol Hygiem 18 she		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	NI I	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	1 OR PART 2)	
G PHYSI ottending er this ce s the buri and Mer	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	71e PLACE			211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
TTENDIN ortol or TOR: Aft for use a of Health		22a. I certify that with (this hospi sow the deceased alive on above, (I) (me) (did) (elid no	5/29	19 8	2/,01	d that in (my) (our) apinion of	to 5/29	, 19 ote and hour o		that (H (we) last
AL OR A the host AL DIREC detached ote Dept.		22b. SIGNATURE ESC	hah	ue])	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		22c. DATE :	29/82
TO FUNERA Should be down the Story		22d. PHYSICIAN'S NAME (TYPE C	HAH	(MI)		6121 MG	autrose	RO	ad	Rocke
	230 E	URIAL, CREMATION, REMOVAL SPECIFY) Urial	23b DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		OUNTY	STATE
DHMH - 16 50M 1/B1			6/1/82 ANSKY-C	OT DREED W	TIGE	n of Israel	Youngstow E REC'D. BY REGISTRAR	n; Mahot 25b. REGISTRA	ning;0 R's signati	nio Jre
(VRA 15, 4)	11	70 Rockville Pi	ker Rock	crillo M	bryla	nd 20852	N2 1982	There	0.5	7

STATE OF MARYLAND

1	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		3 2 5 6
4.77	ECEASED NAME FIRST	WIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR
E	JOSEF	PH J	FRIEDMAN	5-2-8	32 4:00A
3.5	ex M	RACE Caus.	5. DATE OF BIRTH MONTH DAY YEAR 1 1 20	6. AGE (IN YEARS LAST BIRTHDAY) 6. AGE (IN YEARS LAST BIRTHDAY) 7. YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
201	New York	USA	WIDOWED DIVORCED		
70	Bethesda	(IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION ET ADDRESS) Hospital	120. USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING L Optometrist	IZB. KIND OF BUSINESS OR INDUSTRY Optical
5 130	UAL RESIDENCE (IF NURSING HOME O STATE 136, COU Aryland Mon		WN 1134 INSIDE CITY LIMITS?	13e STREET ADDRESS 263 Congressi	onal Lane
51	FATHER'S NAME FIRST Benjamin	MODLE LAST Friedm		MIDDLE	Rubin
medic		RMED FORCES? 16b SOCIAL SECUL VE WAR OR DATES) 082-14-		ADDRESS Roc Friedman; 263 Con	kville, Md. ngressional Land
rumatic event, the	PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), one cause per line for (a), one cause per line	SHOCH	INFARCTION	APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH
ar ather tra	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ	UENCE OF HYPENTENS!	ما	
any injury.		conditions <u>contributing to</u>	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GI	VEN IN PART 1(0)
8 shaws any injur	196 DATE OF OPERATION	196. CONDITION FOR WHIC	h operation was performed	IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
		ATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
n 21 is mo	saw the deceased alive at	ital) attended the deceased from 19 19 19 19 19 19	50 ond that in (my) (our) opinion		
= = = = = = = = = = = = = = = = = = =	22b. SIGNATURE	y a Schur	V PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/1/FZ
MPORTANT	STANLEY A.	SCHWARTZ, M.D.	22e ADDRESS 5454 Wisco	onsin Ave., Chevy	Chase, Md.
With the State I	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE

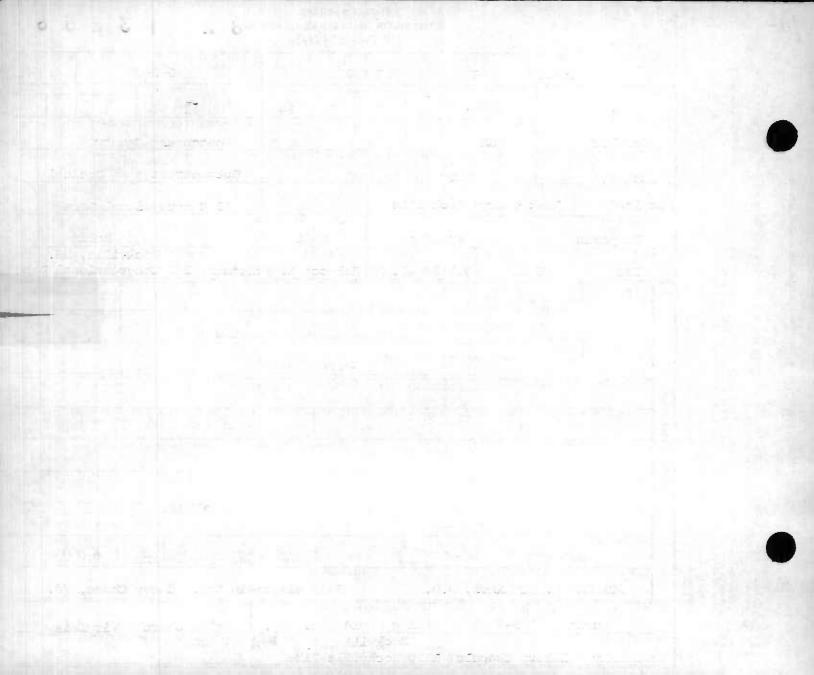
DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR FUNERAL DIRECTOR

NAME

Danzansky-Goldberg Chapels; 1170 Rockville Pike

ADDRESS ROCKVILLE, Md. 256 MARCH RYREGY AND ASSET AND ASSET AND ADDRESS ROCKVILLE PIKE



Warner E. Pumphrey, Inc. Sil. Spr., Md

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE S

CERTIFICATE OF DEATH

- STATE

REGISTRAR

CONTRACTOR OF THE PARTY OF Terate teration and realist terate The second of the second

this certificate has been signed by the attending physicial burial-transit permit. Then please remave corban poper

should be detached for use as the burial-transit permit. Then please remove carboning with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remo

a	ė	59			
4	幮	ei.	0		
r	V	Я.	в		
	w		æ		

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3	2	3
,	dia	•

3	2	5	8

	ECEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	JENN	IFER VI	CTORIA	GARCI	[A	MAY	15	1982	8:11p
1. SE		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HR
4	FEMALE	CAUCAS		MAY	12 1982		YRS.	0 3	
	SIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND		STATES	MARRIE!	D NEVER MARRIED XX	9 BALTIMORE CITY OF MONTGOME		Y OF DEATH	,
10 C	BETHESDA	JE NOT IN SUC	HEACHITY GIVE STREET	ADDRESS)	CAL CENTER	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST: n/a		LIFE) INDUSTRY	of Business C
13a S	DELEWARE KE	UNTY	GIVE RESIDENCE BEFORE 136. CITY OR TOWN DOVER		13d INSIDE CITY LIMITS? YES 🔀 NO 🗍	13e STREET ADDRESS 123-A WIL	LIS R	OAD	Sinis
14 FA	ANTEL	WIDDLE	GARCIA	JR.	MARIA	VICTORTA		SINDO 1A	51
	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	None	RITY NO.	ANIEL GARCIA	123-A WÎTÎ DOVER, DEL	TS RC EWARE	AD 2 19901	
	Conditions, if any, which gave rise to immediate cause (o), stating the	(b)_	RAS A CONSEQUE	TAL	ASPHYXI	A			
NTION	gave rise to immediate cause (o), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE TO, O	PRENA R AS A CONSEQUE DOUBTRIBUTING TO D	TAL NCE OF	NOT RELATED TO THE TERM	IN AL DISEASE OR CON			
RTIFICATION	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	PRENA R AS A CONSEQUE DOUBTRIBUTING TO D	TAL NCE OF			20b. IF YE	IVEN IN PART 11 ES, WERE FINDII IFYING CAUSES (ES []	NGS USED
AL CERT	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, O T CONDITIONS CO 196 COND 216. TIME O HOUR A.	PRENA R AS A CONSEQUE DITRIBUTING TO D	TAL NCE OF DEATH BUT OPERATION	NOT RELATED TO THE TERM	INAL DISEASE OR CON 200 AUTOPSY? YES \(\text{YES} \(\text{NO} \)	20b. IF YE IN CERT Y	ES, WERE FINDII IFYING CAUSES 'ES []	NGS USED OF DEATH?
CERT	gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	T CONDITIONS CO 196 COND 196 COND 216 TIME O HOUR A. NER) 216 PLACE	PRENA R AS A CONSEQUE DITION FOR WHICH OF INJURY M. MONTH DA M.	NCE OF DEATH BUT OPERATION AY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CON 200 AUTOPSY? YES \(\text{YES} \(\text{NO} \)	20b. IF YE IN CERT Y	ES, WERE FINDII IFYING CAUSES (ES [] PART I ORPART 2) COUNTY	NGS USED OF DEATH?
AL CERT	gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF INTERPROPERTY MEDICAL EXAMINATION OF CONTRIBUTION	DUE TO, O CONDITIONS CO T CONDITIONS CO 196 COND DEATH OPEATH P. 216. PLACE (AT HOME STR spital) attended the	PRENA R AS A CONSEQUE ITION FOR WHICH ITION FOR WHICH ITION FOR WHICH ITION OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	NCE OF DEATH BUT OPERATION Y YEAR 19 ARM ETC) 12 MA	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURR 211 LOCATION STREET	200 AUTOPSY? YES NO S ED (ENTER NATURE OF INJU CITY OR TO	20b. IF YE IN CERT Y URY IN ITEM 18	ES, WERE FINDII IFYING CAUSES (ES [] PART 1 OR PART 2) COUNTY 19	NGS USED OF DEATH? NO STATE
AL CERT	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 19e DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING OR CONTRIBUTING CAUSE OF LIFETHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION O	DUE TO, O [C] T CONDITIONS CO 196 COND 196 COND 196 COND 216. TIME O HOUR A. P. 21e. PLACE (AT HOME STR spital) attended th an 15 MAY monty view the bady	PRENA R AS A CONSEQUE ITION FOR WHICH ITION FOR WHICH ITION FOR WHICH ITION OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	NCE OF DEATH BUT OPERATION Y YEAR 19 ARM ETC) 12 MA 82 , an	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURR 21l. LOCATION STREET 19 82 d that in [my] (our) opinion of the company of	200. AUTOPSY? YES NO SED (ENTER NATURE OF INJURE OF INJU	20b. IF YE IN CERT Y JRY IN ITEM 18	S, WERE FINDING CAUSES ES PART 1 ORPART 2) COUNTY 19 22. DATE	NGS USED OF DEATH? NO STATE thot Att' (we) la causes stated
AL CERT	gave rise to immediate cause (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 19e DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMIT 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that all (this hose) sow the deceased alive above, if (we) (did) (did) 22d. ATTSICIAN'S NAME (TYPE)	DUE TO, O T CONDITIONS CO 196 COND 196 COND 216. TIME O HOUR A. P. 21e. PLACE (AT HOME STR ATTOMATY view the body	PRENA R AS A CONSEQUE ITION FOR WHICH ITION FOR WHICH ITION FOR WHICH ITION OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	NCE OF DEATH BUT OPERATION Y YEAR 19 ARM ETC) 12 MA 82 , on	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURR 21l. LOCATION STREET 19 82 d that in [mg] (our) opinion of DEGREE ATTENDING	Z00. AUTOPSY? YES NO SED (ENTER NATURE OF INJURE OF INJU	20b. IF YE IN CERT Y JRY IN ITEM 18 DWN	S. WERE FINDING CAUSES ES PART 1 ORPART 2) COUNTY 220. DATE 17 M	NGS USED OF DEATH? NO STATE that Aff (we) licauses stated SIGNED AY 198

Falls Church, Va.

DHMH - 16 50M 1/B1 (VRA 15, 4)

Capitol Funeral Service

BP

TO FUNERAL DIRECTOR: After

etained by the hospital or attending physician.

nneljaki (erecije jeste o lingen od o Caption Furgital year to the Charles Was agent Lot 18 Williams

	1-	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 2	1 3	2	5 9
(Note:		CEASED NAME FIRST OR PRINT) VERD	NE INEZ	GEARHART	20 DATE OF DEATH	30,1		26. HOUR
tche bd	3. SE		CAUCASIAN	S. DATE OF BIRTH MONTH OAY PRIL 8, 1898	6. AGE (IN YEARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
10 PM	70 BI	RTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OF	COUNTYO	FDEATH	
11 20		TY OR TOWN OF BEATH	9 , ,	WIDOWED DIVORCED GHOME OR OTHER INSTITUTION ADDRESS)	MONTGO 12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	N	12b. KIND OF INDUSTRY	BUSINESS OR
filled in mould be the mount of	UsU,	AL RESIDENCE (IF NURSING HOME OR 13h COUN	OTHER INSTITUTION. GIVE RESIDENCE BEFORE	N 136 INSIDE CITY LIMITS?	130 STREET ADDRESS	0		
pletely and 2 sh	de	THER'S NAME	MIDOLE LAST	PRING YES NO 15. MOTHER'S MAIDEN NA	MIODLE	BUCK	NELL	DRIVE
Poges 1 o	16a V	VAS DECEASED EVER IN U.S. AR. (ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 217-36-3	-1 / ' 73'	BEES ADDRES Land G. Han	brock	Not. La	The Home
ed by the attending physicion please remove carbon popers. Intol, cremation, ar removol. or other troumatic event, the		Canditions, if any, which gave rise to immediate couse (a), stoting the underlying couse last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	IC ACENO CAMENAMA NCE OF				nate interval inset and oeath
nos been sign permit. Then ne prior to bu ws ony injury.	CERTIFICATION	190 DATE OF OPERATION		DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY?	206 IF YES, W	VERE FINDING	GS USED OF DEATH?
this certificate the buriol-tronsit and Mental Hygie d or Item 18 should be the should		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA		Y YEAR 19	RED (ENTER NATURE OF INJURY	YES (NO []
After this e os the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE FA	211 LOCATION STREET	CITY OR TOW	IN	COUNTY	STATE
he hospital DIRECTOR. Doched for us Dopt. of He		sow the deceased o	tol) ottended the deceased from	and that in (my) (our) opinion of the control of th	, to, to	./		IGNED
retoined by the retoined by the Should be det with the Stote IMPORTANT:	230. B	22d. PHYSICIAN'S NAME (TYPE OF		27% ADDRESS	1236 LOCATION			
BP	Í	speciev) Removal	5-30-82 Ge	eorgetown Universi		ol W	ashing	tonstate D.

DHMH - 16 50M 1/B1 (VRA 15, 4)

²⁴ FUNERAL DIRECTOR Metropolitan Funeral Service 5517 Vine Street Alexandria, Va.

Washington, D. C. BY REGISTRANDA REGISTRAP'S SIGNATURE

2. T. - 22 - 1 Secretion introduction but the Second Manufacture I Secure Second Some liver investigation for the state of th STITE Street Lexendric To.

	ECEASED NAA			MEDICAL EXAM		LAST	2a. DATE OF	ESTI- NA	MONTH DAY YEAR	26 HOUR
3. SI	· v	Clar	E S. DATE OF BIR	Daniel TH 16. AGE (1)		DDS		MATED [5 11 19 82	R 2d HOUF
1		6.1.55		AY YEAR LAST BIR	THDAY) MONTH		MIN: PRONOUI DE AL	NCED	5 11 ,,82	
7a.	male BIRTHPLACE	White STATE OR	7b. CITIZEN OF	WHAT COUNTRY?		ED NEVER MARR			COUNTY OF DEATH	PM
	New Yo		U. S		WIDOW	ED DIVORO		Montgome	ery County	MD
	CITY OR TOWN		(IF NOT IN SUC	HOSPITAL, NURSING HO	SS)		FOR MOST OF WO	PATION (TYPE OF	HORE HORE	BUSINESS
USU	akoma l	Park E (IF IN NURSING HOA		ngton Advent		spital	Alde		Home of the Child	en.
	STATE W Yor		nango	Norwich	N L	13d. INSIDE CITY LIMITS?	321-ADDR	R.D.2.	Manley	Rd.
	FATHER'S NAM		WIDDLE	1241		15. MOTHER'S MAID	EN NAME	MIDDLE		
	Clar		Henry	Gibb		Joan			Shadle	
	WAS DECEASI (YES, NO, OR UNKN 1KNOWN	ED EVER IN U.S. A HOWN) (IF YES, G	ARMED FORCES? EVE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	Clare He	nry Gibl	os-Man]	Ley Road	20, 2815
	18. CAUSE (OF DEATH (Enter DEATH WAS CAUS	anly ane cause per	line far (a), (b), ond (c).)				10.5		ATE INTERVAL
	1200		IATE CAUSE (o)	Acute Hero		oxication				
		ons, if any, whi	ch	OR AS A CONSEQUENC	LE OF 2					
		rise to immedic o) stating the und								
			DOL TO,	OR AS A CONSEQUENCE	CE OF					
	lying co	ause lost.	(c)_							
z	PART 2 OTNER :		(c)_	OR AS A CONSEQUENCE		E DR CONDITION GIVEN IN PA	RT () (a).			
ATION	PART 2 OTNER :		(c)		TERMINAL DISEASE		RT L (a).		20 AUTOPS	5Y?
TIFICATION	PART 2 OTNER :	SIGNIFICANT CONDITIO	(c)	ATH BUT NOT RELATED TO THE I	TERMINAL DISEASE		RT I rai.		20 AUTOP3 YES XC	
CAL CERTIFICATION	PART 2 OTNER :	OF OPERATION	(c) (c) (DIS CONTRIBUTING TO DE 196. CONTRIBUTING TO DE 196. TIME HOUR	ATH BUT NOT RELATED TO THE I	TERMINAL DISEASE PERATION W			JURY IN ITEM 18 PART	YES X	
MEDICAL CERTIFICATION	PART 2 OTNER 190. DATE O	SIGNIFICANT CONDITION OF OPERATION HAL CAUSE WAS IG OR	(c) 196. CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE POSITION FOR WHICH OF	PERATION W EAR 21c. HC	AS PERFORMED?			YES X	
	PART 2 OTNER 199. DATE O 210. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK	SIGNIFICANT CONDITION OF OPERATION HAL CAUSE WAS IG OR CING CAUSE CO OCCURRED NOT WHILE AT WORK	(c) (c) (DINS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TO	PERATION W EAR 21c. HC 21f. LOG S	AS PERFORMED? DW INJURY OCCURRI	CITY OR TO	OWN	YES X	K NO 🗆
	PART 2 OTNER 199. DATE O 210. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK	SIGNIFICANT CONDITION OF OPERATION HAL CAUSE WAS IG OR CING CAUSE CO OCCURRED NOT WHILE AT WORK	(c) (c) (DINS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TO	PERATION W EAR 21c. HC 21f. LOG S	AS PERFORMED? OW INJURY OCCURRE CATION TREET TREET	D (ENTER NATURE OF IN	OWN Ond ii	YES X.	K NO 🗆
	PART 2 OTHER : 19a. DATE O 21a. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK 22a. I cert deoth resul	SIGNIFICANT CONDITION OF OPERATION NAL CAUSE WAS OF OR CAUSE OF OCCURRED OCCURRED NOT WHILE AT WORK tify that I tack che Ited from: No	19b. CONTRIBUTING TO DE 19b. CONTRIBUTING TO DE 19b. TIME HOUR 21b. TIME HOUR STREET.	ATH BUT NOT RELATED TO THE I	PERATION W EAR 21c. HC 21f. LOG Suicide Suicide	AS PERFORMED? OW INJURY OCCURRE CATION TREET TITLE (SPECIFY)	CITY OR TO Undetermined m	OWN ond it	YES X	STATE
	PART 2 OTNER 190. DATE O 210. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK 220 I cert death resul	SIGNIFICANT CONDITION OF OPERATION HAL CAUSE WAS IG OR CAUSE O OCCURRED NOT WHILE AT WORK tify that I taak che Ited from: No	(c) 19b. CONTRIBUTING TO DE 19b. CONTRIBUTING TO DE 21b. TIME HOUR STREET. 21c. PLAG STREET.	ATH BUT NOT RELATED TO THE I	PERATION W EAR 21c. HC 21f. LOC S Autop: Suicide	AS PERFORMED? DW INJURY OCCURRE CATION IREET SY XX Inspection Homicide Interpretation TITLE (SPECIFY) D. ASSISTAN	CITY OR TO Undetermined m	ond in ond in onner , , , , , , , , , , , , , , , , , , ,	COUNTY DATE SIGNED 5/1	K NO 🗆
	PART 2 OTHER : 19a. DATE O 21a. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK 22a. I cert deoth resul	SIGNIFICANT CONDITION OF OPERATION HAL CAUSE WAS IG OR CAUSE O OCCURRED NOT WHILE AT WORK tify that I taak che Ited from: No	(c) 19b. CONTRIBUTING TO DE 19b. CONTRIBUTING TO DE 21b. TIME HOUR STREET. 21c. PLAG STREET.	ATH BUT NOT RELATED TO THE I	PERATION W EAR 21t. HC 21f. LOG N Suicide M M D	AS PERFORMED? DW INJURY OCCURRE CATION IREET SY XX Inspection Homicide Interpretation TITLE (SPECIFY) D. ASSISTAN	CITY OR TO Undetermined m	ond in ond in onner , , , , , , , , , , , , , , , , , , ,	YES X	STATE
736	Iying co PART 2 OTHER 1 19a. DATE O 21a. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WHILE ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR	SIGNIFICANT CONDITION OF OPERATION HAL CAUSE WAS IG OR CING CAUSE CO OCCURRED NOT WHILE AT WORK High that I tack che Ited from: No	19b. CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE I NOTITION FOR WHICH OF E OF INJURY A.M. MONTH DAY YI P.M. 19 CE OF INJURY (ATHOME FACTORY, FARM, ETC.) described obave, held a Accident Accident 123C. NAME OF	PERATION W EAR 21c. HC 21f. LOG Suicide M.D. CEMETERY O	AS PERFORMED? DW INJURY OCCURRE SY XX. Inspection Homicide TITLE (SPECIFY) D. ASSISTAN ADDRESS R CREMATORY	CITY OR TO In	own, ond in ond in onner , winer et, Balto	COUNTY DATE SIGNED 5/1 0, MD 21201	STATE
73s. C	PART 2 OTHER : 19a. DATE O 21a. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK 22a. I cert deoth resul ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR	SIGNIFICANT CONDITION OF OPERATION HAL CAUSE WAS IG OR CAUSE CO OCCURRED NOT WHILE AT WORK tify that I tack che lted from: No S NAME RINT) ATION, REMOVAL	OF DEATH 21b. TIME HOUR. 21b. TIME HOUR. 21c. PLACE STREET. 21c. PLACE STREET. 21c. PLACE STREET. 21c. PLACE STREET. 21d. PLACE STREET.	ATH BUT NOT RELATED TO THE I NOTITION FOR WHICH OF E OF INJURY A.M. MONTH DAY YI P.M. 19 CE OF INJURY (ATHOME FACTORY, FARM, ETC.) described obave, held a Accident Accident 123C. NAME OF	PERATION W EAR 21c. HC 21f. LOC 5 n Autop: Suicide M.D. CEMETERY O	AS PERFORMED? DW INJURY OCCURRE CATION TREET TITLE (SPECIFY) D. Assistan: ADDRESS 111	CITY OR TO In	own ond in ond in onner , winer et, Balto and (Pr	COUNTY DATE SIGNED 5/1 O,MD 21201 GOONTY	STATE

Dec. 30, 1956 25 A of The street well Toya Nova Senerge Yorwich X 321-A., R.D.2., Maning Ti. Clare Lenzy Gibbs Joan -- Shafts Ulare Emmy Stobs-Annier Seder: Work-Lob, R. G. Lick

.by ta controlled the transfer and a second second restaurant

3 3 3 3

e.i.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH TYPE OR PRINTS DOROTHY GOLDBERG MAY 1982 5. DATE OF BIRTH A RACE 6. AGE (IN YEARS LAST BIRTHDAY) MAY 15 1911 FEMALE WHITE To BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NEW YORK U. S. A. MONTGOMERY COUNTY ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR SILVER SPRING HOLY CROSS HOSPITAL HOUSEWIFE OWN HOME 130 STREET ADDRESS RED OAK DRIVE SILVER SPRING MARYLAND IMONTGOMERY 4. FATHER'S NAME 15. MOTHER'S MAIDEN, NAME GEORGE FELDMAN ANNA LUSTGARTEN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT APS RED OAK DRIVE ES. NO OR UNKNOWNI (IF YES, GIVE WAR OR DATES) JOSEPH G. GOLDBERG, SILVER SPRING, MARYLAND 056-01-1812 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) collapse PARTI. DEATH WAS CAUSED BY: cardiovaseu gave rise to immediate cause (a). stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NO 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE FARM, ETC.) CITY OF TOWN COUNTY NOT WHILE 22a I certify that (I) (this hospital) arreaded the deceased Iron saw the deceased alive an above, ((we) (did) (did not and that in (my) (aur) opinian death accurred an the date and hour and from the causes stated

DEGREE

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FOUNALD CMP STEIN HEBREW MEMORIAL FUNERAL HOME 1250. DAY 232 CARROLL STREET, N. W., WASHINGTON, D. C.

5/12/1982

JOSEPH M. SOLINAS. MD.

236 DATE

230. BURIAL, CREMATION, REMOVAL

BURIAL

KING DAVID MEMORIAL GARDEN FALLS CHURCH. VIRGINIA

82

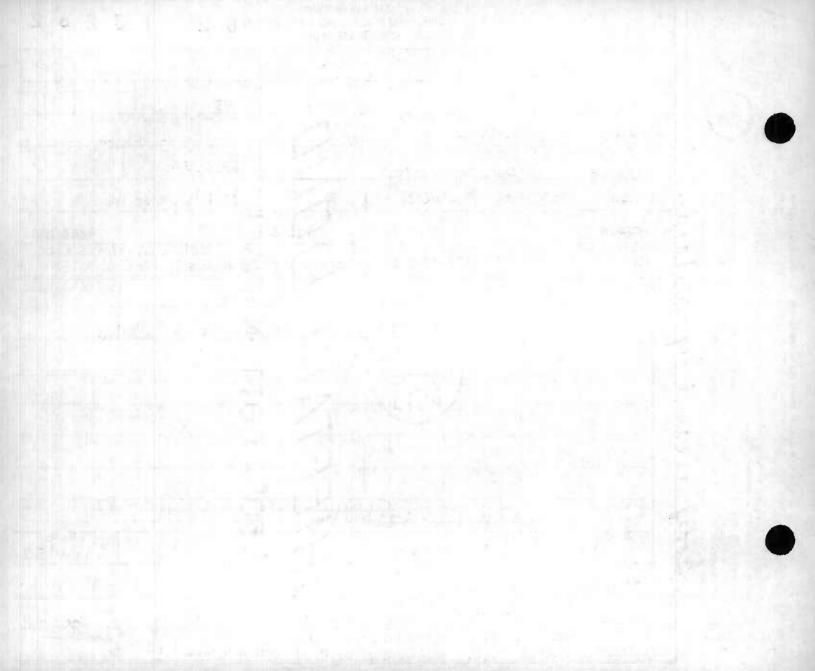
20902

MEDICAL

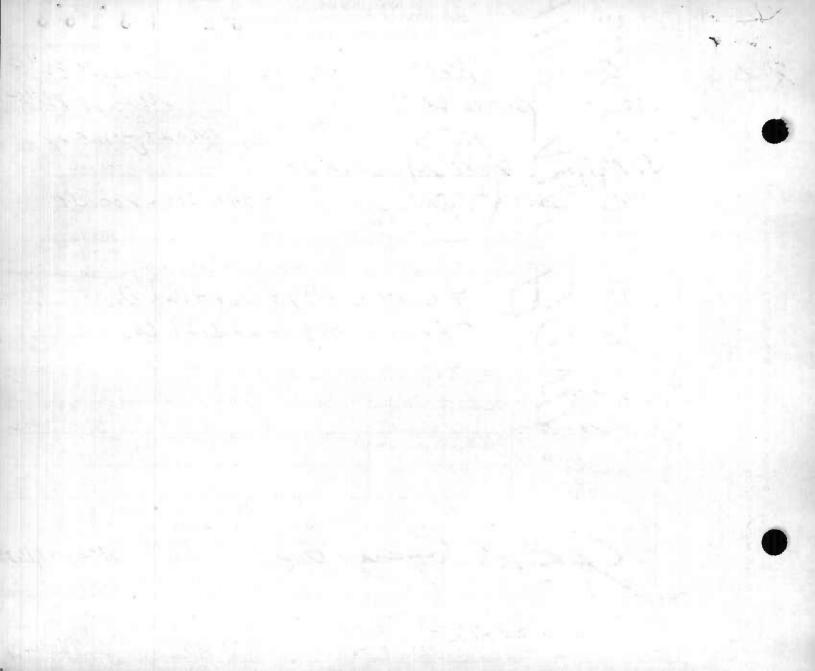
9801 GEORGIA AVENUE.

DIRECTOR PHYSICIAN

SILVER SPRING. MARYLAND

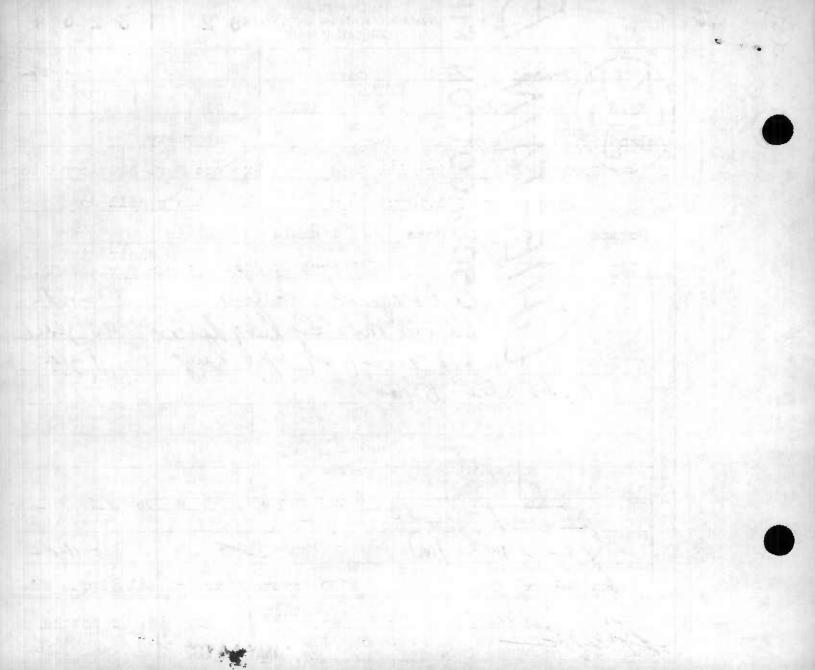


STATE OF MARYLAND

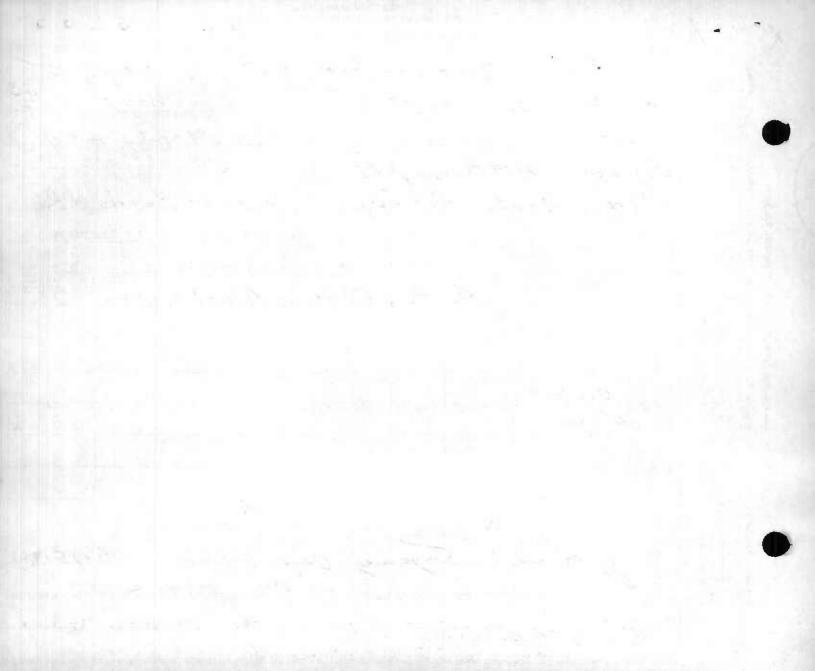


- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 2b. HOUR TYPE OF PRINTS ESTI-DEATH MATED DATE LAST BIRTHDAY PRONOUNCED DEAD 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Wisconsin S. WIDOWED DIVORCED ... 18. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b KIND OF BUSINESS TYPE OF WORK Hospital Clerk Hospital FORM PM 3. RETAIN P. CHLY OR 13d INSIDE CITY LIMITS? 13e STREET ADDRESS **OF VITAL** 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST FIRST Theresa Unknown John Oleson 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 26241 Lake-NOISIAID (YES, NO. OR UNKNOWN) Unobtainable Ruth Greenblatt Shore Blvd CAUSE OF DEATH (Enter only one cause per line low(a), (b), and (c).) Euclid Chiloath PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF anditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in 4 CERTIFICATION 126660 19a. DATE OF 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES -E 3 SHOULD BE U DEPARTMENT C 31 PRIOR TO BUR 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 FORWARDED TO THE HOUR A.M. MONTH DAY YEAR UNDERLYING OR NG) MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21 LOCATION EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK Inspection 22s. I certify that I taak charge of the remains described above, held an Autopsy and in my apinian death resulted Iram: Accident Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) SIGNATUR MEDICAL EXAMINER XAMINER'S NAME Rocers DME ADDRESS Silver Spring. John S 230 BURIAL, CREMATION, REMOVAL 714 DATE 23d LOCATION 236 NAME OF CEMETERY OR CREMATORY COUNTY STATE Cremation Metropolitan Crematory BP cematory Alexandria Viro P.O. Box 7428 DHMH - 17 Sil. Spr., Md. (VR A15 ME (5) 15M 2/80

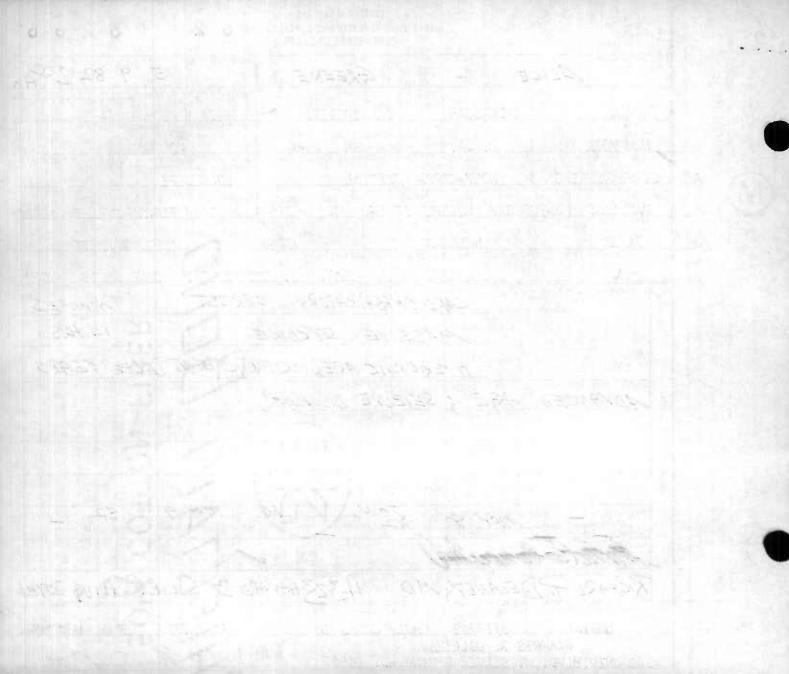


retained by the haspital

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

		FOR STATE REGISTRAR	DEPA	RTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 2		3 2	6 6
		CEASED NAME FIRST	MIDDLE A.	/	AST COFFERING	20. DATE OF DEATH	MONTH DA	21	
	3 SE		4 RACE	5. DATE O	AREANE DERIDTH	6. AGE (IN YEARS LAST B			- HM
		EMALE	CAUCASTAN	MONT	OAY YEAR		MO		
816	-	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	24,1896	9. BALTIMORE CITY	OR COUNTY O	FDEATH	
101		NEW YORK	U.S.A.	WIDOWE	D NEVER MARRIED DIVORCED	· AM	ONTGOME	DV	MD
10	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	126. KIND OF 8	
100		ILVER SPRING	HOLY CROSS	HOSPIT	AL	HOUSEWI		II OSTAT	
おん	13a.	AL RESIDENCE (IF NURSING HOME O STATE 136 COU	NTY 13c. CITY OR T	OWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			31.5
7	14. E	MARYLAND MONTO	GOMERY SILVER	SPRING	YES NO 1	1804	FLORIN	STREET	20902
160		JAMES	HELLEMS		FIRST	MIDDLE		LAST	
100		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SI	ECURITY NO.	ANNA 17 INFORMANT	ADDF		AKKETT	
P.	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)		EDWARD J. G	REENE. JR.	CAME	AC 12	CON
1		18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b)	ond (c)	20.000	120	SPAWIL_	APPROXIMA BETWEEN ONS	
Ì		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (0) CARDI	OKESA	TRAIDRY 1	AZKUSI		MINU.	TES
Ĭ	18	4140	DUE TO, OR AS A CONSE	QUENCE OF	0-2011	_		111 44	×
0		Conditions, if ony, which gove rise to immediate	(b) 19AS	55/1/4	SILOISE	=	0	17/1	.J.
		couse (a), stoting the underlying couse lost.	DUE TO, OR AS A CONSE	OUENCE OF	ARTERIOSCIE	DOTH HEAD	NISFAS	- 95	205
			CONDITIONS CONTRIBUTING				0 /	7	m >
	N O	ADVANCED	AGE ! SE	-721/PE	NISORIVER	WINAL DISEASE OR COR	IDII ION GIVEN	IN PART ITO	
a	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V	VERE FINDING	SUSED
1	RTIFI					YES NO			
a		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART	I OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M.	19					
0	MEC	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC)	211. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
		AT WORK AT WORK	ital) attended, the deceased fro	m dan	10 66	1 1107	9 10	42	
		sow the deceased alive an			d that in (my) (our) opinion	death accurred on the d	ate and hour a	nd from the cou	SON SET AND PEATH S
E		22b. SKuth Turis	ot) view the body after death.		DEGREE			-	
<u>=</u>		MIMICA	meesing!		ATTENDING PHYSICIAN	DIRECTOR PHYSI	FF CIAN []		
		221 PHYSICIAN'S NAME HAPE	OR PRINT)	10	22a ADDRECC			FUNDER LYEAR IF UNDER 24 MISS. IF UNDER LYEAR IF UNDER 24 MISS. NITY OF DEATH OMERY MD IZE KIND OF BUSINESS OR INDUSTRY INDUSTRY MF AS 13 SON APPROXIMATE INTERVAL BETWEEN ONSE IN AND OSE IN	
M M M		VICKAKD TIL	DELANETS /!	12.	HJZS HAVE	C T COR	LIER -	SKING.	10906
2	23a 8	URIAL, CREMATION, REMOVAL	23b. DATE 2:	R NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		OUNTY	STATE
23.	24 5	BURIAL			OSS CEMETERY	LACKAWAI	VNA EI	RIE NE	W YORK
31	29 70	INERAL DIRECTOR FRANC	CIS J. COLLINS RES		100	TE REC'D. BY REGISTRAN	735 REGISTRA	R'S SIGNATURE	1
		500 UNIV BLVD	W. SILVER SPRI	NG.MD.	20901	11 10 198/	Manual.	danlla	Chen



White -00t. 23, 1895 86 .133 11011 .Hasd akona Park. desainoton adventia: Hosp. stectrical Engloser. Have Maryland. Massey. Talona Park. + 103 Ethan Allen Nvo. Tal. Don Alvarez Greenman. Poppia Eberhardt Burdette. Yes. M. W. II 216-44-1486 Bentrice S. Coconuan. Wife 13 6 Cromation. May 3, 1962 Mt. Mincoln | Misdenshurg Md. P. C. Md. Takona puneral Home. Tyl 1982 tt [N. vn.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

/	REGISTRAR		CERTITI	CAILOID	MIII	REG. N	10.			
>	1. DECEASED NAME FIRST	WIDDLE	1/	AST		20. DATE OF DEATH	HINOM	DAY YEAR	2b. HOUR	
	(TYPE OR PRINT) MARTIN	CLAY GROSS				1	1AY 19	1982	0445a M	
1	3. SEX 4	4 RACE	5 DATE O			6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
	MALE	CAUCASIAN	DEC	12	40	4:	L YRS	MONTHS DAYS	HOURS MIN.	
	70. BIRTHPLACE (STATE OR FOREIGN 71	Th CITIZEN OF WHAT COUNTRY?	8	K NEVER M		9 BALTIMORE CITY	OR COUNT	Y OF DEATH		
1		UNITED STATES	WIDOWE		ORCED	MONTGO	MERY		MD	
401	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		R OTHER INST	TUTION	12a USUAL OCCUPAT			F BUSINESS OR	
1	BETHESDA	NATIONAL NAVAL		CAL CEN	TER	LAWYEI		USM	IC	
2	USUAL RESIDENCE (IF NURSING HOLLOR OF A 130. STATE RESIDENCE (IF NURSING HOLD OF A 130. STATE RESIDE	TY 13c CITY OR TOW	VN 1	13d. INSIDE CI	Y LIMITS?	13e. STREET ADDRESS		A D W	1	
- 10	14 FATHER'S NAME	E WM. QUANTI	.00	15. MOTHER'S			IAN PE	ANK		
3		AIDDLE LAST			IRST	MIDDLE	1	. LAS	51	
-	160 WAS DECEASED EVER IN U.S. ARM		URITY NO.	17. INFORMAN	4T	ADDF	ESS	Auto	QUANTIC	
5	YES (1958-	-1982 401-54-4	871	CAROLYN	GROSS	,4018-B LY	IAN PA	ARK, MCD	•	
	18 CAUSE OF DEATH :Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last	y ane cause per line for (a), (b), on Der: E CAUSE (a) LYMPHOMA DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	w/PULI	MONARY	AND RE	NAL FAILUR	€		IMATE INTERVAL ONSET AND DEATH	
	PART 2 OTHER SIGNIFICANT CO	onditions <u>contributing to</u>	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR COM	NDITION G	IVEN IN PART 1	a ·	
1	S 19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFOR	MED	20a AUTOPSY?		ES, WERE FINDING		
	H L					YES X NO		ES X	NO [
	OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.	AY YEAR	21c. HOW INJ	URY OCCURR	ED (ENTER NATURE OF IN)	URY IN ITEM 18	PART OR PART 2)		
	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AL WORK AL WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, F	FARM, ETC)	211 LOCATIO STREET	Ν	CITY OR I	OWN	COUNTY	STATE	
	22n Lagraine than (1) (this because	attanded the deserved from	14 M	AY	10 82	19 MAY		10 82	the state of the state of	

K.M.H.LEE, LT, MC, USNR

saw the deceased alive on _____above, (I) (we) (did) (did not new the body after death

22e ADDRESS

NATIONAL NAVAL MEDICAL CENTER, BETHESDA, MD

230 BURIAL, CREMATION, REMOVAL Burial

22b. SIGNATURE

231 NAME OF CEMETERY OR CREMATORY May. 24, 1982 National Cemetery

DEGREE

Pulaski, Kentucky

24 FUNERAL DIRECTOR

n W. W. Chambers Co, 8655 Georgia Ave, Sil. Spg.

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

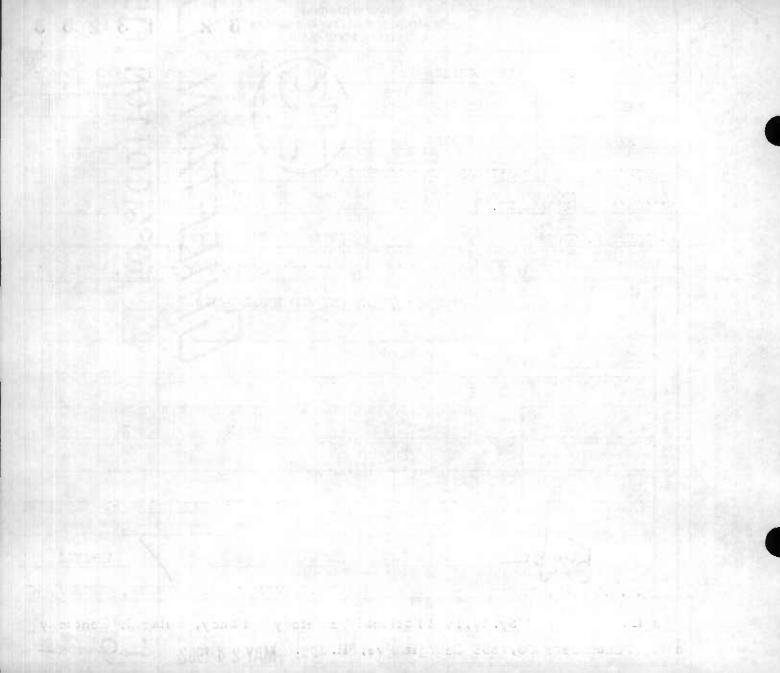
MEDICAL STAFF DIRECTOR PHYSICIAN

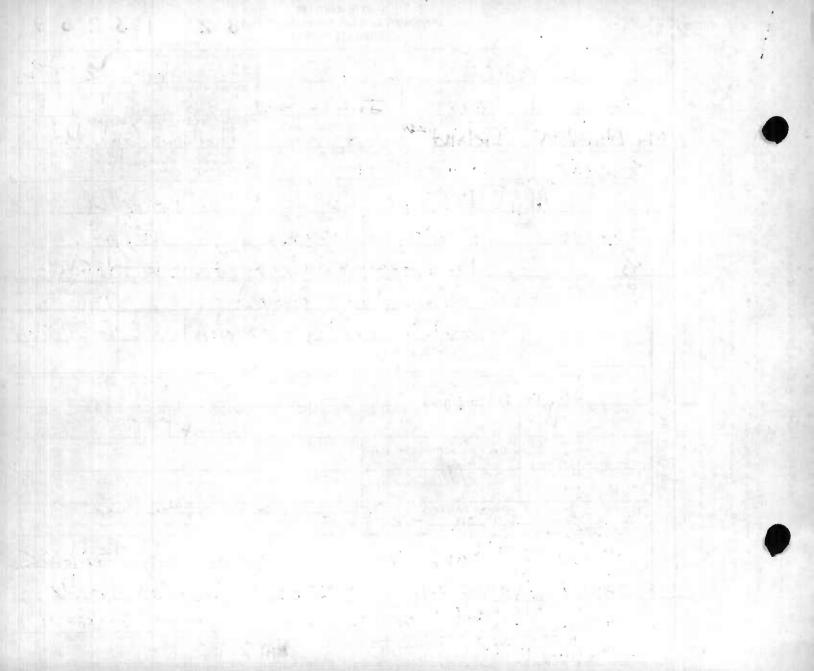
22c. DATE SIGNED

19MAY82

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If Item 21 is marked ar Item 18 shaws any





STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20. DATE KNOWN TO MONTH (TYPE OR PRINT) ESTI-DEATH MATED DATE OF BIRTH AGE (IN YEARS DATE LAST BIRTHDAY) PRONOUNCED DEAD TO BIRTHPLACE (STATE OR Th CITIZEN OF WHA 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED Maryland USA DIVORCED WIDOWED 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION RETAIN PAGE FOR MOST OF WORKING LIFE)
Salesman OR INDUSTRY Lumber 13a. STATE 13h COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 14. FATHER'S NAME MIDDLE Violet Crown Hiawatha Haley Arthur Meade 166 SOCIAL SECURITY NO 7. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS DIVISION 578-40-5089 Mancy Lee Haley same as 13e No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ED AS A BURIAL - TRANSIT PERMITHEALTH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES 🗌 NO D REDED TO THE CHART SELECTION OF THE CHART SELECTION OF THE CHART MENT (CHART SELECTION OF THE CHART SELECTION OF T 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 218 PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21L LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK PAGE 4 SHOULD BE FORM
TO FUNERAL DRIEGOR, MILLIANS
BALLIANS 220. I certify that I took charge of the remains described above, held an Inspection and in my opinion death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Old Seminary Road Silver Spring, M John S. Rogers (TYPE OR PRINT) **ADDRESS** 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 5/18/82 Parklawn Memorial Park Rockville, Maryland BP 24 FUNERAL DIR Proson Wheeler Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAN'S SIGNATURE **DHMH-17** 1331 Rockville Pike Rockville, Md. 20852 name (VR A15 ME (5)) 15M 2/80

Sin at la side No. of on omno value ool vunni Rose of the

property and another

Parish 5/1 / C Parishma sameral tests cockvil, Maryland Tyson States Tunoral Young, Inc. (500 pt 1331 Reaky 120 Sits Gookville, Ed. (500 pt 150 pt 15

May 29,1982

Rockville, Maryland

Robert A. Pumphrey Funeral Homes,

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

20 DATE OF DEATH 2:00 May 26, 1982 IF UNDER 1 YEAR BALTIMORE CITY OF COUNTY OF DEATH MONTGOMERY COUNTY 12b. KIND OF BUSINESS OR INDUSTRY Auto Supply LAST Gluck. APPROXIMATE INTERVAL 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? COUNTY STATE (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED Gate of Heaven Cemetery, Silver Spring, Maryland

REG. NO

BP DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

FOR

REGISTRAR

DECEASED NAME

- STATE

There's there were received DESTRUCT INVE

STATE OF MARYLAND 2-13272 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-Cerilleum 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 58 yps PRONOUNCED Male 11 DEAD 23 76. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED TOWA United States WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION U.S.Army Officer Rockville Whippoorwill Lane JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Montgomery 12101 Whippoorwill Lane Rockville 136. INSIDE CITY LIMITS? Maryland NO [] YES A 15. MOTHER'S MAIDEN NAME Carol 14. FATHER'S NAME Karl Conklin Hali 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS (YES. NO. OR UNKNOWN) 1946-1973 Mary G. Hall, Same as #13 482-18-2625 Yes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Carcinom P IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? 6 PRIOR TO BUR YES KON 3 SHOULD BE UDEPARTMENT 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY TO MEDICAL EXAMINER: THE EXCUTE THE CERTIFICATE. VPACE A SHOULD BE FORW. TO FUNERAL DIRECTOR: PARTER DEATH, WITH THE STABALLIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held an Autopsy death resulted fram: Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME 8218 WIS CONSIN (TYPE OR PRINT) 231. NAME OF CEMETERY OR CREMATORY 236 LOCATION 230. BURIAL, CREMATION, REMOVAL SPECIF Burial Arlington National Cem. Virginia Arlington, BP. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral **DHMH-17** (VR A15 ME (5) P.A. Rockville, Maryland Homes. 15M 2/80

87-13272 NEW BAR E E E PATE OF THE A A LANGUAGE TO THE PROPERTY OF THE PARTY OF T STATE CONTRACTOR STATES

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENES 2 1 3 2 7 3

1	REGISTRAR	CERT	IFICATE OF DEATH	REG. NO.	
ì	I. DECEASED NAME FIRST	MIDDLE AKA/Val	entine	20 DATE OF DEATH MONTH	OAY YEAR 26 HOUR
Ĭ	· Walte			May 9.1	982 250
1	3 SEX		OF BIRTH	6. AGE (IN Y ARS LAST BIRTADAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
ı	Male	Caucasian Fel	o. 10°, 18°97	85 YR	MONTHS DATS HOURS MIN
J	COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8	HED NEVER MARRIED	9 BALTIMORE CITY OR COUN	
2	Pennsylvania	United States WIDOV	WEDXX DIVORCED	Montgomery	County, MD
I	10 CITY OR TOWN OF DEATH	(1E NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	G LIFE) 126. KIND OF BUSINESS OR
	Rockville	Potomac Valley Nu	ursing Home	ElectricalLi:	
1	in lumbe	NTYNOT CHILD GIVE RESIDENCE BEFORE ADMISSION PTIAND CATMET	13d INSIDE CITY LIMITS? YES \(\overline{X} \) NO \(\square\$	Foreman 130. STREET ADDRESS 147 NorthChe	estnut Street
	14 FATHER'S NAME FIRST	MIOOLE LAST	15. MOTHER'S MAIDEN NA		12A1
	Simon	Hammernick	Mary		Augustlyn
	160 WAS DECEASED EVER IN U.S. AR (YES. NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT Son	ADDRESS 19	12 Henry Road
	Yes WWI	180 09 3333		Hamernick . p	
I	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one couse per line for (b), and (c)	+		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		TE CAUSE (D) CONCLOS	and		
ı	4140	DUE TO, OR AS A CONSEQUENCE OF	1. 1- 10	+ 1	
1	Conditions, if ony, which gove rise to immediate	(b) avovo	econotic we	du dualda	9
1	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF			
I	PART 2 OTHER SIGNIFICANT ((c) CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT BELATED TO THE TERM	AINAL DISEASE OF CONDITION	CIVEN IN PART 1:-
	NOI	Siderolleste	e dulma	MINAL DISEASE OR COMMINGION	SIVEN IN PART 116
1	NO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATI		200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED
	ETIE			YES NOXX IN CEN	YES NO NO
7		216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18. PART I OR PART 2)
	(IF EITHER NOTIFY MEDICAL EXAMINER	AIN			
	OR CONTRIBUTING CAUSE OF DEA	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ı	AT WORK NOT WHILE				
ı		tol) ottended the deceosed from	, 19.78		. 19 8 rb., that (I) (we) lost
I	sow the deceased alive on above (1) (we) (did) (did na	t) view the body after death.		death occurred on the date and l	hour and from the couses stated
Ì	77% SIGNATURE		DEGREE ATTENDING	MEDICAL STAFF	22 DATE SIGNED
4	274 PHYSICIAN NAME WILL	kcy,	PHYSICIAN E	DIRECTOR PHYSICIAN	127-00
	D.L. B.	cy SN Jone		is will Rd	Rockville
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	1	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
-	A FINEDAL DIRECTOR		oseph's	Mount Carme	1 Township,PA
	24 FUNERAL DIRECTOR ROBER				istrar sociatur arthur
1	HOMES, P.	A., BETHESDA, MARY	YLAND	MAY 12 1304 6/4	0

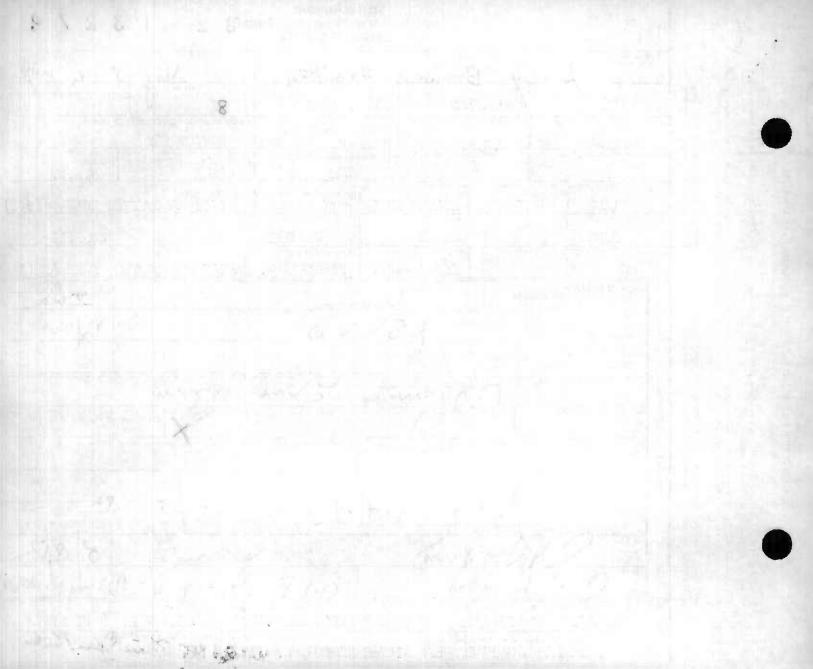
DHMH - 16 50M 1/81 (VRA 15, 4)

marked or Hem 18 shows any

IMPORTANT: If Nem 21 is

Telepot and all the WELLOW THE TANK OF THE PERSON well and the state of the state of STRUMENT THE THE STRUMENT PROJECT IN STRUMENT

	(1,	FOR STATE		DEPARTA		E OF MARYLAND EALTH AND MENTAL HYG	IENE 8 2 1	3 2 7	4
•	0		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.		
,	*. m.s		CEASED NAME FIRS	T	MIDDLE	1 (AST A P 1	20 DATE OF DEATH MONTH	20 1100	
	og og		he	LCV F	Brewer		amilton	May	18.1982 10-	30 M
	ge 4 a	3. SE	X FEMALE	CAUCAS	IAN	AUG	15,1893	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER MONTH'S DAYS HOURS	MIN
	Po Po Po		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MADDIE	NEVER MARRIED	9. BALTIMORE CITY OR COL	JNTY OF DEATH	
	death unerc		MARYLAND	USA	1	WIDOWE	D X DIVORCED	MONTGOMERY		MD.
102	by the f		OLNEY	(IF NOT IN SUC	HARON NUR.	SING	R OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WORK) CLERK	126. KIND OF BUSINE INDUSTRY H.E.W.	SS OR
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21;	filled in ould be	130.		OME OR OTHER INSTITUTION COUNTY	130. CITY OR TOW	'N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 8802 MANCH		20901
ZYLA	athin 2 sh	_	ATHER'S NAME	WIDDLE	1000000		15 MOTHER'S MAIDEN NA	WE	LOTER ROTO Z	2070
MAR	buo lond		JOHN	WIDDLE	BREWER		VIRGINIA	MIDDLE	RUSSELL	
ORE,	e execut		WAS DECEASED EVER IN U.: YES, NO OR UNKNOWN) (IF YE	S. ARMED FORCES? S. GIVE WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT	ADDRESS		
TIMO	0 0 %		NO I		220-44-	6409	VIRGINIA M.	HAMILTON DAUG		
., BAL	certificate ng physici banpaper r remaval. ic event, th		18 CAUSE OF DEATH (Ent PART I. DEATH WAS C	AUSED BY:	line for (a), (b), an	2 h			APPROXIMATA INTER	DEATH
N ST			11100 A	EDIATE CAUSE (a)		CON	ma.		20010	_
STO	death ottendi ove coi ition, a		Conditions, if any, which		RAS A CONTROL	RICE/OF	ND		Mous	
/. PRE	the or remorements		gave rise to immediate cause (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF				
0	that that desired by lease into contact.		underlying couse los	(c)						
RDS, 2	equires in signe Then p r to bur injury,	NO	PART 2 OTHER SIGNIFICA	ANT CONDITIONS CO	ONTRIBUTING TO D	MC BUT	NOT RELATED TO THE TERM	INALOISEASE OR CONDITION	GIVEN IN PART 1(a)	4
RECO	no. no. no. no. no. no. no. no.	CERTIFICATION	190. DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEAT	H?
ITAL	N: The hysician cansit pransit	ERI	21g. ACCIDENT WAS UNDERLYIN	IG 21b, TIME O	OF INJURY		21c HOW INJURY OCCURE	YES NOW	YES NO]
OF V	SICIAN: ang phys certifica urial-trar tental Hy ltem 18		OR CONTRIBUTING CAUSE (
NO	The state of	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY	19	211. LOCATION			
INISI	DING Place after the as the alth and marked	₹	WHILE NOT WHILE C] IAT HOME, STE	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TOWN	COUNTY ST.	TATE
۵	NDIN I ar R: Af Use o Use o I ealtl		220.1 certify that (I) (this I	hospital) attended th	e-deceased from_c	24	14 19	_, to5	, 19	lost
	ATTE spito CTO I for af h		saw the deceased alivabove, (I) (we) (did) (d	re of view the body	ofter depth.	0 . 01	d that in (xur) (our) opinion	death accurred on the date and	hour and from the couses sto	sted
	the hort DIRE		22b. SIGNATURE	WARE	hora	BIAT.	DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED	2
	SPITA by LERA LERA LERA Stoti		224 PHYSICIAN'S NAME	TYPE OF PRINTS	2000		PHYSICIAN [JOIRECTOR PHYSICIAN	0) 100	
	TO HOSPITAL etained by the TO FUNERAL should be deto with the State IMPORTANT: If		GA	- 101	M		1811/ PX	LYIIID.	(0/ my 10) -	50(3)
		23a.	BURIAL, CREMATION, REMO	12-20 Oct Co. 100			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	ITE.
	BP	24 5	CREMATION UNERAL DIRECTORFRAN	5/19/8		EIRUP	LITAN CREMATO			A
D	OHMH - 16 50M 1/76 (VR A 15 (4))	24	500 INTUFRCIT	V ROLLENAT	ON WEST C	TIUFD	SPRING, MD. M	AY 24 1982	Marie Control	ion
			TOU MINITULICALI	, WULLVAN	WLSI,S.	ILVLK	SI KINO, MV. M	AT MIT ISOL DIVE	U	



12+1	1.	FOR - STATE REGISTRAR		DEPAR	TMENT OF	E OF MARYLAND BEALTH AND MENTAL HYO TICATE OF DEATH		REG. NO.	3 2	7 5
e m ±		CEASED NAME FIRST	Carro	MIDDLE		AST	20 DATE OF DE	-	OAY YEAR	2b. HOUR
y be deat		Edmu		P.hilix	. 7 . 7	nmett		5	1982	11-PM
1033	3. SE		4 RACE		S. DATE (6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
(TVI)	it. D	IRTHPLACE (STATE OR FOREIGN	CAUCAS		APR	IL 22, 1913		69 rs.		
35	70 0	COUNTRY) MARYLAND	II C	WHAT COUNTRY	MARRIE	D NEVER MARRIED		CITY OR COUNT	Y OF DEATH	MD.
	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURS	ING HOME	OR OTHER INSTITUTION	12a. USUAL OCC	CUPATION	126. KIND O	F BUSINESS OR
by the f	1 5	SILVER SPRING		CROSS HO			ACCOU	R MOST OF WORKING LI NTANT		PCO
be be	JUSU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION	13d. INSIDE CITY LIMITS?	13e STREET ADD			ru
2 E 3 E			BOMERY	SILVER			101		MANSTON	
+ 20 E	14. F.	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	IDDLE	LAS1	
ond with the wind wind with the wind wind with the wind wind wind with the wind wind wind wind wind wind wind wind		BERNARD	Τ.	HAMMET	T	MARGAR		Dott	LYONS	
Poges 1		WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRESS		
on one s. Poge			II	577-05-	0185	BERNICE K.	HAMMETT	SAME A	AS 13	WIFE
\$ - e c e		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane cause pe	r line for (a), (b), o	and ic	AAR P	1	100	BETWEEN C	MAJE INTERVAL
ev ev			TE CAUSE (o)	TECURR	ENI	1-010 NA D	MONA	RY ARRE	2 17	OURS
e deoth ce ottendin nove carb iatian, or i		4100	DUE TO, C			11 1412	10.21	/	200	Davis
otto	16	Conditions, if any, which gave rise to immediate	(b)	10140 CI	ar Dir	L MAL	1RCTION	1	150	DAYS
by the		cause (a), stating the underlying cause last.	DUE TO, O	ARTER	UENCE OF	EROTE HEA	KT Di	SEASE	161	PRS
equires the signed Then plecto for burial nitury, or	,	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO		NOT RELATED TO THE TERM	AINAL DISEASE O	r CONDITION GIV	VEN IN PART 110	
	CERTIFICATION	198. DATE OF OPERATION	Liai conin	TION FOR WALLS		N WAS PERFORMED	Tan autono	lan 15 VE	C 11/505 511 10 11	
ws ws	FIC	190. DATE OF OPERATION	198. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPS	HT CERTI	S, WERE FINDIN FYING CAUSES	OF DEATH?
NN: The hysicial income hysicial income his rooms in Hygier 18 sho	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME C			21c HOW INJURY OCCUR		- Cam	PART LORPART 21	NO 🗌
		OR CONTRIBUTING CAUSE OF DEA	3111	M. MONTH						
PHYSIC ending this cert to buriol and Menta	MEDICAL	21d INJURY OCCURRED	21e. PLACE	M. OF INJURY	19	211 LOCATION				
DING Ph or atten After th ie os the olth and morked i	×	WHILE NOT WHILE	JAT HOME, ST	REET, FACTORY OFFICE	FARM, ETC)	STREET	C	TY OR TOWN	COUNTY	STATE
NDIN of or use or decirb		220 certify that (I) (this haspi	tal) attended th	ne deceased from	4/17	182 19		1/5	1982	that (I) (***) lost
Prite		saw the deceased alive an above, (1) (we) (did) (did ac	5/15	ofter death	82.0	nd that in (my) (aut) opinion	death accurred a	n the date and ha	ur and from the	couses stated
hos hos ept.		22b. SIGNATURE	1	Offer death.		DEGREE			22c. DATE	SIGNED
Y the AL DI detack detack for E De AL DI LIFE IN THE AL DI LIFE IN		Haulth	1/10	ner 1	4.0	ATTENDING PHYSICIAN	DIRECTOR [STAFF PHYSICIAN [15/	16/82
HOSPITAL bined by the FUNERAL wild be det when the Store		224. PHYSICIAN'S NAME TTYPE C	OR PRINT			22e ADDRESS			-	1
TO HOSPITAL TO FUNERAL should be deal with the Store MPORTANT:		HAROLD W.	DRAPE	Rm.) ,	19801 G-BOK	CGIA AL	16. Sili	VER SPR	PING MA
7 5 5 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	230	BURIAL, CREMATION, REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATIC		COUNTY	STATE
BP		BURIAL	5/19	/82	GATE C	F HEAVEN		SPRING		MD.
DHMH - 16 50M 1/81	24 F	INERAL DIRECTOR FRANC	CIS J. C	OLLINS		25 PA	V 10 100	STRAR	TRAD'S SIGNAT	JRE
(VRA 15, 4)	5	00 UNIV. BLVD., W			MD. 2	20901	1 7 9 138	(grunn	01	1000

Samuel P. S. Harmer THE PARTY OF THE PROPERTY OF T LAND TO THE PROPERTY OF THE PARTY OF THE PAR THE SECOND REPORT OF THE PARTY OF THE PARTY

poge 3

T and 2 sho

injury, or other troumotic event, the

should be detoched for use as the burial-transit permit. Then please remove carbandabel with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: # Hem 21 is morked or Hem 18 shows ony

24 FUNERAL DIRECTOR

NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

3 2

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10	
	DECEASED NAME FIRST	MIDDIE		AST	20. DATE OF DEATH		YEAR 26 HOUR
	CHARLES W.	I DOWNER	HARRIS	Sr.	May 5.	1982	3 0 M.
3.	SEX	4 RACE	5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BE		1 YEAR OF UNITER 24 HRS
1	MALE	WHITE	7	27 15	66	YRS	DATS HOURS MIN
70	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY		ATH
	North Carolina	United St			Montgomer	V	MD.
	CITY OR TOWN OF DEATH	11. NAME OF HOSPI		OR OTHER INSTITUTION	12a USUAL OCCUPAT	TION 12b H	(IND OF BUSINESS OR
	Silver SpringMd		moor Driv	76	Ret. Bri		Company
, Ed.	SUAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RE	SIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		Company
		gomery Si		YES NO		lmoor Dr	ive
114	FATHER'S NAME	WIDDLE	IAST	15. MOTHER'S MAIDEN N	AME	IMOUT DI	
1	Charlie	W -	Harris	Ethel	M .	Sha	rber
16	. WAS DECEASED EVER IN U.S. AF		OCIAL SECURITY NO.	17 INFORMANT	ADDR	ecc.	Cottonwoo
1	Yes WW	TT	8-07-6773	Charles W	. Harris,	_	Lothian . Mo
F	18 CAUSE OF DEATH Enter o	nly one couse per line to		011011100	, indicate of		APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSI	TE CAUSE (o)	udio - 1	Zulmener	in arres	ext V	MIMA:
	41110		CONSECUENCE OF		1		
	Conditions, if ony, which	((b) (theis	cleratio 1	Least Des	len	sears
	gave rise to immediate couse (a), stating the	DUE TO OR AS A	CONSEQUENCE OF				0
	underlying couse lost.	(c)	C37132 G 02.102 O1				
1.	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIE	BUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN P.	ART Iro
CEPTIEICATION	Cerlerly	10czen	la Vi	ressi "			
3	19a. DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE	FINDINGS USED AUSES OF DEATH?
] =					YES NO	YES	NO [
	On COLUMNIA COLUMN		RY NONTH DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 OR P	ART 2)
3	(IF EITHER NOTIFY MEDICAL EXAMINE	MITT.	19				
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJ	URY TORY OFFICE, FARM ETC.)	21f. LOCATION STREET	CITY OR TO	OWN COU	NIY STATE
1	AT WORK AT WORK						
L	220.1 certify that (1) (this hosp	013	osed from 6 a	. 19 6	7 to may	5 , 19 8	Z, that (1) (we) lost
	sow the deceased alive on above, (1) (was (did) (did no	ot) view the body after d	19 b - , or	nd that in (my) (own) opinion	death occurred on the	ote and have and fro	m the couses stated
	22b. SIGNATURE	1		DEGREE			DATE SIGNED
	Harrie	v. sug	zer M.	PHYSICIAN	MEDICAL STA		5/5/82
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS	. 5004	1	
L	HAROLD	W. DRA	PER M.D.	1 7801 6	-ECRGIA	AUE SIV	ER SPRING W
23	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		
	Burial	5/8/82	Ft. L:	incoln Cem.	Brentw	ood, Mar	yland

Ft. Lincoln Cem.

Box 7428 250

Pumphrey,

Heeren P.O.

Inc., Sil. Spr.,

DHMH-16 50M 1/8I (VRA 15, 4)

BP.

The second of the second of the second The transfer dearly the state of the second The state of the s THE THE PARTY OF T

24 TYSON Wheeler Funeral Home, Incl

1331 Rockville Pike Rockville, Md. 20852

DHMH - 16 50M 1/81 (VRA 15, 4)

FOR - STATE

REGISTRAR

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 20 DATE OF DEATH 26 HOUR MONTH IF UNDER 1 YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH 176 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife home 44 W. Deer Park Rd. Apt. #20 ADWheaton, Md. 20902 APPROXIMATE INTERVAL 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT COUNTY STATE 22c DATE SIGNED 831 University Blvd. E. Silver Spring.Md BY REGISTRAR 256 REGISTRARS SIGNATURES COM

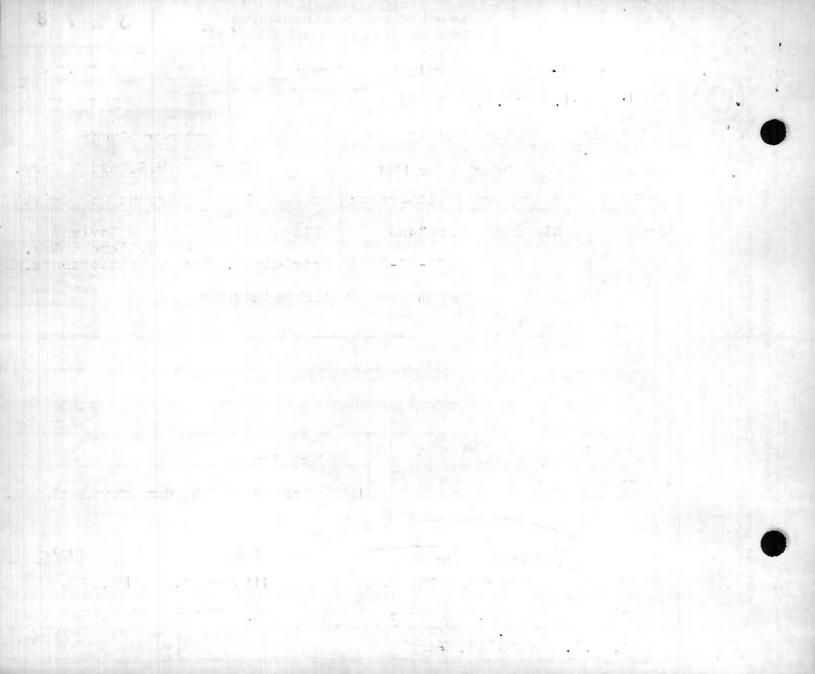
mental eliganot inthonot inthono, nor allege Harvivan Honegomer and Charachers a Harvivan Christian Contract delences University University Wheeton, Mr. 20990 . with the English before the Control of the Contro .bit. in Espain to the color value value it is a light of the light of - Will Cheering Tradecate appendic sacron footbill 50\city | Preon theeler there I lone, Inc. 1931 Fookville Pike Gookville, Nd. 20092 | Bir Lu Bir Lu Baren

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE . STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG NO DECEASED NAME KNOWN TX TTYPE OR PRINTS ESTI-Jean Moreland DEATH MATED Harvey 182 4 RACE 6 AGE (IN YEARS | IF UNDER 1 YR 5. DATE OF BIRTH IE UNDER 24 HRS DATE 55 yps PRONOUNCED Female Oct.4, 1926 Cauc. DEAD 1982 To BIRTHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED California United States WIDOWED ... DIVORCED Montgomery County 2, AND 3 TO THE FU 3. RETAIN' PAGE 5 SHOULD BE FILED. II. NAME OF HOSPITAL, NURSING HOME, 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE U.S. Postal Serv. Clerk Suburban Hospital Bethesda 13009 Chestnut Oak Drive Montgomery Gaithersburg 13d INSIDE CITY LIMITS? Maryland YESX NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Higgins Moreland E11en John Boyland 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 43APDRWS Diamond Ave. 573-32-7524 Patricia E. Harvey, Gaithersburg, MD No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) TATE, WRITING THE WORD TELEMENT EXAMINER ALCONDED TO THE CHIEF MEDICAL EXAMINER ALCONDED FOR USED AS A BURIAL. RRANSIT PREMIT.

OR: PAGE 3 HOULD BE USED AS A BURIAL, RRANSIT PREMIT.

THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DEPARTMENT OF HEALTH AND MENTAL WORREMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Shotgun wound of chest and abdomen IMMEDIATE CAUSE (o)____ DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21a. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR ACK MONTH DAY YEAR UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 8: 30P.M. Subject shot 210 PLACE OF INJURY 211. LOCATION EXECUTE THE CENTRICALLY ADGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) WHILE AT WORK 13009 Chestnut Oak Dr.. home Darnestown Mont 22a. I certify that I taak charge of the remains described above, held on Autopsy Homicide K Undetermined manner death resulted from TITLE (SPECIFY) Deputy ChiefEDICAL EXAMINER 5/8/82 EXAMINER'S NAME Thomas D. Smith, M.D. III Penn St. Balto. MD. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION May 12,1982 Gate of Heaven Cem. Silver Spring, Maryland BP 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE WATER 24 FUNERAL DIRECTOR RObert A. Pumphrey Funeral DHMH-17 Homes, P.A. Rockville, Maryland (VR A15 ME (5)

15M 2/80

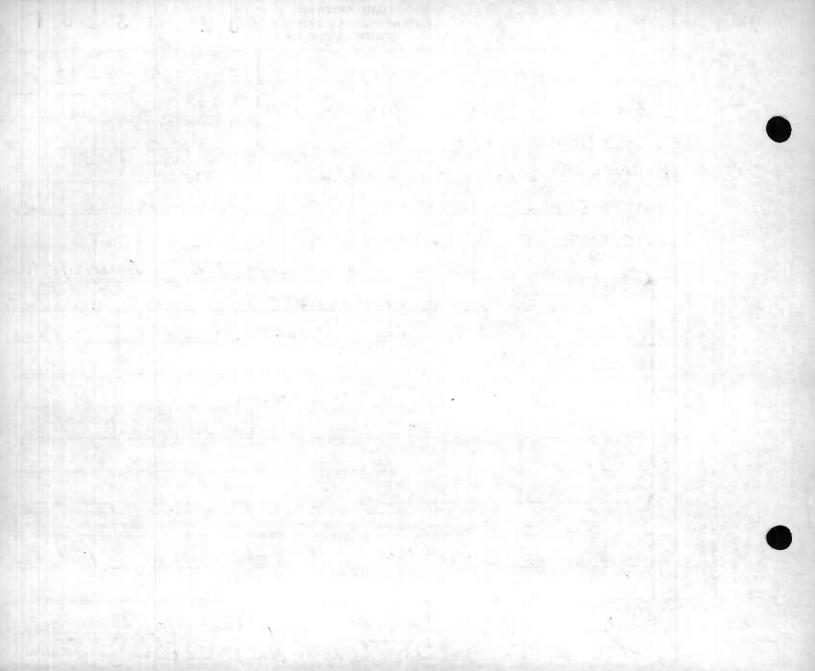


The state that so the state of Marte Patridianary selmin & Mount Congration himst pilene Want Contenue water Georgianical 2-2-21 Juny 30 may 5 83 P. P. B. WELLERY 4977 EATTERY LA BETHERE EPANDREWS Agelo moso

14	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 3 2 8 1-STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	0
28888	1. DECEASED NAME FIRST MIDDLE ELEGNE [TYPE OR PRINT] LIST 26. DATE KNOWN MONTH DAY YEAR OF ESTI- DEATH MATED MAY 1819 72	26. HOUR 250 M
	3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) 1. CITIZEN OF WHAT COUNTRY? 8. AGE INVEARS LAST BIRTHDAY MONTHS DAYS FRONDER 24 HRS. 12. DATE MONTH DAY PRONDUNCED YEAR PRONDUNCED YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH	2d HOUR 230 M
NECES S FOR WITH	Maryland USA WIDOWED DIVORCED Montgomer	Y MD.
V SIEGETS	ID. CITY OR TOWN OF DEATH Burtonsville II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS), Burtonsville II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS), OR INDUSTIC CLerk US GOV	RY Tt.
5. 21201 IF ANY DELA RETAIN PA SHOULD BE F SHOULD BE F	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REPORE ADMISSION) 136. STATE 136. COUNTY 137. CITY OR TOWN 1 138. STREET ADDRESS 139. STREET ADDRESS 130. STREET	14/2
RE, ME	14. FATHER'S NAME Norman Haynes IS MOTHER'S MAIDEN NAME IS MOT	
TON ST., BALTIMORE, MD. 124 HOURS AFTER DEATH. If 11EM. 18. GIVE PAGES 1, 2, 11EM. 18. GIVE PAGES 1, 2, 11CONG WITH FORM PM. 3. 17 FERMIT. PAGES NAND 2 S OVALL.	160. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN IF YES, GIVE WAR OR DATES! 10b. SOCIAL SECURITY NO. 213-76-0605 Norman Haynes-father-Hyatts., Market Security No. APPROXIMATE	1d.
201 W. PRES UTED WITHIN IN PENCIL II EXAMINER A ISIAL TRANSIO	PART I DEATH WAS CAUSED BY: WMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF UCC PART 2 OTNER SIGNIFICANT (DNDITIONS CONTRIBUTING ID DEATH BUT ND) RELATED 10 THE TERMINAL DISEASE DR (DNDITION GIVEN IN PAR) 1 (a)	
BIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECT RITING THE WORD "FENDING" RED TO THE CHIEF MEDICAL RE 3 SHOULD BE USED AS A BUS RE 3 SHOULD BE USED AS A BUS RE 10 PRICH TO BURIALLY AND RECORD TO BURIALLY AND RECORD TO BURIALLY AND RECORD TO BURIALLY AND RECORD TO BURIALLY CREMATIVE RECORD TO BURIALLY CREMATIVE RECORD TO BUSIALLY CREMATIVE RECORD TO BUSI	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY: YES 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 40 UR A.M. MONTH DAY YEAR 217. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING CAUSE OF DEATH 10 UR A.M. MONTH DAY YEAR 217. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING CAUSE OF DEATH 10 UR A.M. MONTH DAY YEAR 217. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING CAUSE OF DEATH 10 UR A.M. MONTH DAY YEAR 217. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING CAUSE OF DEATH 10 UR A.M. MONTH DAY YEAR 10 UR A.M. MONTH DAY	? NO Д
WAW PAC	UNDERLYING OR COUNTING OR COUNTY OR	12 I
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR A PITE PUNETAL DIRECTOR: AFTER DEATH, WITH THE SHALTIMORE, MARYLAND.	27a Certify that I took charge of the remains described above, held an Autopsy , Inspection Hamilian Inquiry , and in my opinion death resulted fram: Natural causes . Accident , Suicide Hamilian Undetermined manner , TITLE (SPECIFY) ACTUAL SIGNATURE M.D. MEDICAL EXAMINER DATE MEDICAL EXAMINER SIGNED M.D. MEDICAL EXAMINER SIGNED M.D. MEDICAL EXAMINER SIGNED M.D. MEDICAL EXAMINER SIGNED M.D. MEDICAL EXAMINER M.D.	3/982
TO MEDI EXECUTE PAGE 4. TO FUNE BALTIMO	122- NIAME OF CEMETERY OF CEME	d
BP	Burial 5-21-82 George Washington Adelphi Pr. Georges	Md.
OHMH - 17 (VR A15 ME (5)) 15M 2/80	Hines / Rinaldi Funerankss 11800 N.H. Ave MAY 27 1882 7 1882	

8509 20cm . NY THE STATE OF THE S Long to the standard of the last work of the standard of the s THE RESERVE OF STANFORD AND STANFORD AS A SECOND AS A

STATE OF MARYLAND



STATE OF MARYLAND

1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 3

CERTIFICATE OF DEATH

REG, NO.

REGISTE	RAR		CERTIFICATE OF D	EATH	REG. I	10.		
1. DECEASED N	IAME FIRST	MIODLE	LAST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
- (THE ON PRINT)	Mary	ELLEEN	Heiken		5046	05-	28-82	1019- A
3 SEX	4	RACE	S. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST E	IRTHDAY)	MONTHS DATS	IF UNDER 24 HRS
	1	W	10 21	17	64	YRS		HOURS" MIN
a. BIRTHPLACE	(STATE OR FOREIGN 7	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER A	AARRIED T	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
_ P≘	NNA.	U.SA.		VORCED	Montgomer	N CO	sunty,	
CITY OR TO	WN OF DEATH	 NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 		ITUTION	120 USUAL OCCUPA	TION OF WORKING		F BUSINESS O
ROCKVI	11e s		entist Hospita	1	HOUSEW		(I I DOOTKI	_
USUAL RESIDE 130 STATE	NCE (IF NURSING HOME OF O	THER INSTRUCTION GIVE RESIDENCE BEFOR		ITY LIMITS?	13e STREET ADDRESS			
MARYI	AND MON		PRING YES -	NO 🔀		1KR	INGE	WAV
4. FATHER'S N		IDDLE LAST	15. MOTHER'S	MAIDEN NA	ME		LIAS	
JA	MES	KEAN	E	MARY	/	F	IAN 191	IN
60 WAS DECE (YES, NO OR U	ASED EVER IN U.S. ARM	ED FORCES? 166. SOCIAL SECU		NT	ADD	RESS		
NO)	17147	110 FREdA	RICH !	C. HEIKE	O	SAME	# 13
	E OF DEATH (Enter only	one cause per line for (a), (b), an					BETWEEN	MATE INTERVAL DISET AND DEATH
, ma	MMEDIATE		ARDIAC	AT	REST		Su	Men
0	678	DUE TO, OR AS A CONSEQU			CIL		0	Day
	ons, if any, which	(b)	CARDIOVA	SCULI	on SHo	en	511	(DAY
couse	la, stoting the	DUE TO, OR AS A CONSEQU	RUPTURE	CIA	40 CA		51	X DAY
		(6)	* *					
	_	RT. DISIBAJE			INAL DISEASE OR CO		A TRIAL	m -
N 190 DATE	OF OPERATION	196 CONDITION FOR WHICH	1		200 AUTOPSY?		ES, WERE FINDIN	
CERTIFICATION 190 DATE 21a. ACCII	-23-82	RUPTURE	SIG-MOID (AR 3		IN CERT	TIFYING CAUSES	OF DEATH?
21a. ACCI	DENT WAS UNDERLYING	216 TIME OF INJURY			YES NO NO RED (ENTER NATURE OF IN.	,	YES D	NO 🗌
00.004.70	BUTING CAUSE OF DEATH		AY YEAR					
<u> </u>	RY OCCURRED	P.M. 21e PLACE OF INJURY	19 21f LOCATIO	N				_
WHILE AT WORK	NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE	FARM ETC) STREET		CITY OR 1	OWN	COUNTY	STATE
		l) ottended the deceased from_	9-14-78	10	10 5-2-5	-	1082	that (I) (we) la
sow	the deceased olive an_	5-28 19	22 and that in (my)	(our) opinian	death accurred on the	date and h		
22b. SIGN		view the body after death.	DEGREE				22c DATE	SIGNED
(& carl	(my M)	,	TTENDING PHYSICIAN	MEDICAL ST.	AFF	5-	28-8
22d. PHYS	CIAN'S NAME (TYPE OR		22e ADDRES		Tome of the state	CIAIT	-	217
IA	FAOL	VILLIAININ M.D.	LLDA	1110	12 11111	h-s	TOED.	Service de

CATE OF HEAVEN

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

MPORTANT: If Hem 21 is morked or Item 18 sho

230. BURIAL, CREMATION, (SPECIFY) BURE

Mary Estated Holler Lost- 19-3 In 69 21 16 11 THE MAN THE SECOND SECO BANK SERVICE TO THE PERSON OF MARYBAR MANT. STOKER SPRING X 15211 Elkerdoe WAY JAMES KEAUE MINEY FLANIGHE 17147110 Feedbrick C. Heiters Shine # 18 TELEFA LAKERAS The wife was the Salar of the Black of the B Manual Committee Control of the Cont DECENDED DESCRIPTION OF THE PERSON ASSESSED ASSESSED. GORDE OF I JUNE 1, 1982 PORTE OF HEADER (EM SILVER STRING HUNDY) AND De les reducents Home richest Dec

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE \$2 - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) NMN Heimowitz 3. SEX 4 RACE 5. DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HR Female Dec. 12, 1899 Caucasian TO BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED United States WIDOWED X Romania POLLEA IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Housewife Home IVE RESIDENCE BEFORE ADMISSION It. CITY OR TOWN 134 INSIDE CITY LIMITS? | 134 STREET ADDRESS New York Bronx Bronx YESX X NO.E 2922 Barnes Avenue I E FATHER'S NAME IS MOTHER'S MAIDEN NAME supput PRIST Felder Benjamin Rose Kotrusser MAS DECEASED EVER IN U.S. ARMED FORCEST IT. INFORMANT 166 SOCIAL SECURITY NO I WHELL GOLD WAS DE DAILT IN Dorothy Engel, Silver Spring, MD No IL CAUSE OF DEATH Enter only one couse per line to PART I. DEATH WAS CAUSED BY 2 suri

12639 Georgia Avenue gave rise to immediate coule (a) stating the underlying cause last DEATH BUT WO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To TEN IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? april 20, 1982 TIR ACCENT WAS UNDERLYING JIA TIME OF INJURY THE HOW INJURY OCCURRED. CONTENTIALIZE OF PUBLIC PARTON OF PART LIGHTARY TO HOUR AM, MONTH DAY, YEAR CHICONTENUTING CAUSE OF DEATH LIFETHER, HOLBY MEDIC 4L EXAMINERS THE INJURY DECURRED Tx PLACE OF INJURY TH LOCATION COUNTY DITY OF TOWN STATE AT HOME STREET ENCYONY, GRACE PARM, ETC.) WHEN THE BOWNER saul 22x I certify that (I) (this hospital) attended the deceased from. sow the decrased alive on the body all death obove. (f) (we) (did) (did not) view the body all death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 17h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING May 12, 1982 MYSICIAN DIRECTOR PHYSICIAN 774 PHYSICIAN'S NAME TYPE OF PRINT 77s ADDRESS 10881 Lockwood Drive Arthur S. Bresler, M. D. 20901

DHMH - 16 50M 1/81 (VRA 15, 4)

Burial 24 FUNERAL DIRECTOR Ives Funeral Home 2847 Wilson Blvd., Arlington, VA 22201

230. BURIAL, CREMATION, REMOVAL

123h DATEMAY

16, 1982

23c NAME OF CEMETERY OR CREMATORY

Silver Spring, MD

Baron Hirsch Cem. Staten Island, New York

54 Carroll St. N. W

PARTY SOLD SEE SEE STREET OF THE SECOND SECO Managed and State of the State The state of the state of the state of The period was the same of the period of the same of t numerical restaurant mentaurante (nice control of the control of t a state of the sta Tandandard Tr. Tilmenia. Cindenshard Tr. E. C. Advertised to the control of the con

and 2 should be fill

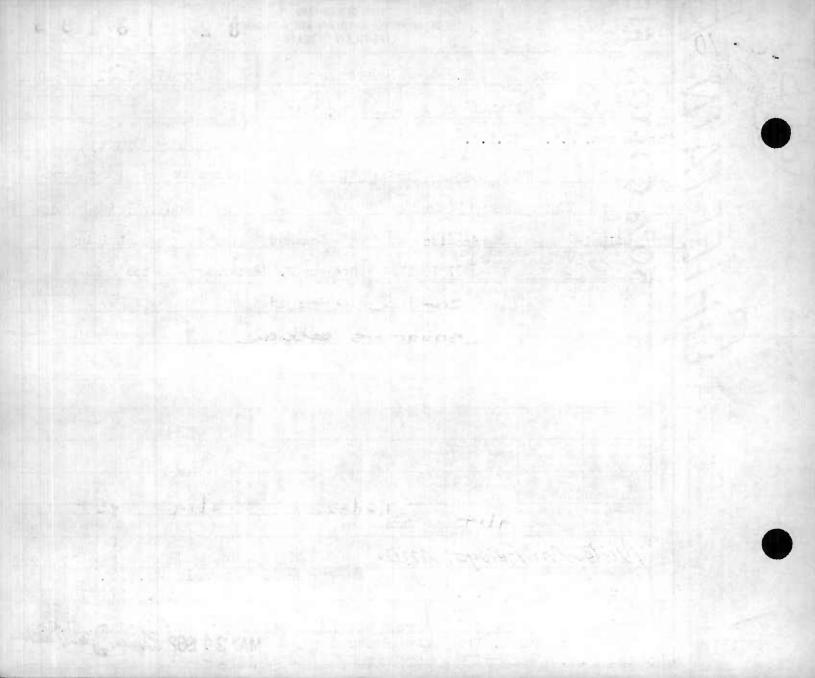
should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumatic event, the

TO FUNERAL DIRECTOR. After this certificate has been signed by the

	1	FOR STATE REGISTRAR	DEPARTA	MENT OF H	E OF MARYLAND HEALTH AND MENTAL HYG HCATE OF DEATH	CIENE 8 2	NO.	3	2	8	5
		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HO	UR
		Ann			terberg	May	17,	198	2	9:3	O AM
1	3 SE		4 RACE	5. DATE (6. AGE IN YEARS LAST	BIRTHDAY)	IF UNDE	RIYEAR	IF UNDE	R 24 HRS
1		Female Caucasian D			28, 1911	70	YRS			1.00%3	PROS
17	Was	IRTHPLACE ISTATE OR FOREIGN COUNTRY) Shington, D.C.	U.S.A.	MARRIE WIDOWE	D NEVER MARRIED DIORCED	9 BALTIMORE CITY Montgom	_				MD
0.0	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)	G HOME (OR OTHER INSTITUTION	126 USUAL OCCUP	ATION	12b.		F BUSIN	VESS OR
20	Po	otomac	9009 Wooden B	ridg	e Road	Homemake				home	1
50	Ma 14 FA	aryland Mon: ATHER'S NAME FIRST Wilhelm WAS DECEASED EVER IN U.S. A	tgomery Potoma MIDDLE LAST Schmidt	C C	13d Inside City Limits? YES (X) NO 15. MOTHER'S MAIDEN NAMERS! Johanna 17. INFORMANT	WE	oden		dge ldin	ST.	ad
1		NO	577 70 17	779	Gregory C. He	esterberg	S	ee #	13		
	NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	MOE OF	S CONTROL OF THE TERM	INAL DISEASE OR CO	ONDITION C	BIVEN IN I	PART 1c	a	
2	CERTIFICATION	190. DATE OF OPERATION	1%. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	INCER	YES, WERE TIFYING O YES	FINDIN	OF DEA	ATH?
9		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OLI LIFE EITHER NOTIFY MEDICAL EXAMINI		Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF IN	JURY IN ITEM 1:	8 PART I OR	PART 2)		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	RM, ETC.)	211 LOCATION STREET	CITY OR	IOWN	co	UNTY		STATE
		220 I certify that (I) (this hospital) attended the deceased from 19 to									
		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	0.		XDIRECTOR PHYS				17,1	1982
1		Victor Per:	igo, M.D.		Wash	ington,	D.C.	200	007	. 63	
	(Burial, cremation, remova (SPECIFY) Burial UNERAL DIRECTOR Robe NAME	May	ospe	emetery or crematory ct Hill Cem	23d LOCATION	ashir	COUNT	ſΥ	D G	STATE
	H		Rockville, Mar					-1			

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.



	,
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of the contribution of the contributio	
erained by the hospital or attending physician.	
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the tilling in an incompletely filled in by the ottending physician and completely filled in by the tilling in a certificate has been signed by the ottending physician and completely filled in by the tilling in a certificate has been signed by the ottending physician and completely filled in the ottending physician and completely physician and complete	
should be detoched for use as the burioLitronsit permit. Then please remove carbon papers. Pages Land 2 should be 11ed = 11th = 11th Carbon Carbon Land 2 should be 11th = 11th Carbon Carbon Land Land Land Land Land Land Land Lan	
with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remayal.	
IMPORTANT: If Item 21 is morked or Item 18 shows any injury, ar other traumatic event, the medical examined must be not a great	

				STATE OF MARYLAND			
FOR STATE REGISTRAR			DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH				
1. DECEASED NAME (TYPE OR PRINT)	AA FIRST	1	MIDDLE	LAST 1	20 DATE	OF DE AT	

	DEPARTMENT O	ATE OF MARYLAND OF HEALTH AND MENTAL HYO FIFICATE OF DEATH	GIENE 8 2	3 2 8 6
De '	L: +	11/dt	20 DATE OF DEATH MONTH DA	FZ 26 HOUR 425 PM
1 RACE Whit		e of Birth Whe 8 ^{AY} 1900		FUNDER LYFAR IF UNDER 24 HRS UNITS DATS HOURS MIN
76 CITIZEN OF	• A.	RIED NEVER MARRIED DEVENOR DIVORCED	9. BALTIMORE CITY OR COUNTY O	OF DEATH MD.
11. NAME OF H	HOSPITAL, NURSING HOME THE BEET	h Center	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY Home
or other institution	GIVE RESIDENCE BEFORE ADMISSK		STREET ADBRESS Glavin	ı Way
nowh	LAST	15 MOTHER'S MAIDEN NA LUTITA		LAST
RMED FORCES?	215 50 322		ADDRESS	3)
only one couse per ED BY: ATE CAUSE (o)	Cardiar C	arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(Bethesda	NAME OF HOSPITAL, NURSING HOME OF HOME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF	or other institution Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOUSEWITE	RING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY Home
13a.	JAL RESIDENCE (IF NURSING HIME OR OIL STATE Maryland Bal	timore 13t. CIT Bell'Thore	13d. INSIDE CITY LIMITS?	STREET ADDRESS Gla	avin Way
14 F	ATHER'S NAME FIRST Unknown	wh LAST	IS MOTHER'S MAIDEN NAM		LAST
	WAS DECEASED EVER IN U.S. ARME (YES, MYOUNKNOWN) (IF YES, GIVE W		Earl H. Hi	ADDRESS Ldt (Same AS	#13)
ION	PART I. DEATH WAS CAUSED E IMMEDIATE (3300 Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	Caraliani.	Aseine Not related to the termin	nal disease or conditioi	APPROXIMATE INTERVAL BETWEEN ONSE I AND DEATH I Mayor Structury 10 19 Structury NGIVEN IN PART 110
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19		ED (ENTER NATURE OF INJURY IN ITE	M 18 PART I ORPART 2)
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
L,	220.1 certify that (1) this hospital sow the deceased clive an above (1) (we) (didy(did not) v	Many Z/ 19 BZ for	DEGREE		d hour and from the couses stated 22c DATE SIGNED
	THE PHYSICIAN S NAME (TYPE OR PR	of Chine	ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN [15/210/32 Nous 11/2013
23a I	BURIAL, CREMATION, REMOVAL	236. DATE 23c NAME OF C	EMETERY OR CREMATORY	234 LOCATION	copying, real of

Cedar Hill Crematory

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL SPECTEMATION

Female

BIRTHPLACE (STATE OR FOREIGN

Maryland

NAME W.W. Chambers Co. Silver Spring Md.

28,1982

May

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Sultland

P.G. Maryland

Market State of the Control of the C South Council (21) FO - SPORT | Lock as Ballion (Company) [15] Treated the water THE COLUMN TWO DESCRIPTIONS OF THE PROPERTY OF His to the state of the state o

STATE OF MARYLAND			1	
DEPARTMENT OF HEALTH AND MENTAL HYGIENES	2	3	2	
CERTIFICATE OF DEATH				

1. DECEASED NAME (TYPE OR PRINT)	FIRST		MIDDLE	LAS	st .	20. DATE OF DEATH	MONTH I	DAY YEAR	26 HOUR
(TITE ON FRINT)	George		F.	Но	odge	May 26	, 1982		12;28p
3. SEX		1. RACE		5. DATE OF		6. AGE (IN YEARS LAST 8	RTHDAY)	IF UNDER 1 YEAR	
Male	W. 1803	Caucas	sian	March	h 8, 1908 AR	74	YRS	MONTHS DATS	HOURS MI
OUNTER	TE OF FOREIGN 7	b CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
New York			States	WIDOWED	DIVORCED [Montgome	ry Cou	inty	
O CITY OR TOWN O	F DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME OR	OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND (OF BUSINESS
Bethesda			BURBAN HOS			Printer	OF WORKING (IF	Newsp	aper
USUAL RESIDENCE (1 130 STATE Maryland	Montg	TY			34 INSIDE CITY LIMITS?	13e. STREET ADDRESS			
	Honeg	omer y	Bethesda		YES 🔀 NO 🗌	8620 Ridg	e Road		
14. FATHER'S NAME		NDDLE	LAST	1	5 MOTHER'S MAIDEN NA	WIDDIE		LA	SI
William		Henry	Hodge		Elizabeth			Moor	
(YES, NO OR UNKNOW		WAR OR DATES	16h SOCIAL SECU		17 INFORMANT	ADDR	ESS		
No			D64-30-57	753	Melba J. Hoo	lge, same a	s #13		
18 CAUSE OF I	EATH (Enter only	one couse pe	line for (o), (b), one	d (c)				APPROX	ONSET AND DEA
PART I. DEA	TH WAS CAUSED	CAUSE (a)	Cerdice	arris	T			Donn	nedeste
Conditions, if gave rise to couse (a),	immediate stating the)			in Heart of	lisene		12	flans
gave rise to couse (a), underlying (immediate stating the cause last.	DUE TO, O	ONTRIBUTING TO D	ENCE OF	OT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVI	EN IN PART 1	
gave rise to couse (a), underlying (immediate stating the cause last. SIGNIFICANT CO	DUE TO, O	ONTRIBUTING TO D	DEATH BUT NO	OT RELATED TO THE TERM	INALDISEASE OR CON	Touler 120b. IF YES	EN IN PART 1	NGS USED OF DEATH?
gave rise to couse (a), underlying (b) PART 2 OTHER PART 2 OTHER 190 DATE OF OR 210. ACCIDENT W.	immediate stating the cause last. SIGNIFICANT CO PERATION SUNDERLYING CAUSE OF DEAT MEDICAL EXAMINER;	DUE TO, O (c) DNDITIONS C 196 COND 216. TIME C HOUR A	ONTRIBUTING TO C	DEATH BUT NO	OT RELATED TO THE TERM	INALDISEASE OR CON 100 AUTOPSY? YES NO	20b. IF YES IN CERTIF YES	EN IN PART TO	o'
Gave rise to couse (a), underlying PART 2 OTHER PART 2 OTHER 190 DATE OF OR 210 ACCIDENT W. OR CONTRIBUTING (IF EITHER NOTE) 210 INJURY OC WHILE N	immediate stating the cause last. SIGNIFICANT CO PERATION SUNDERLYING CAUSE OF DEAT MEDICAL EXAMINER;	DUE TO, O (c) DIDITIONS C 196 COND 216. TIME C HOUR A P. 21e PLACE	ONTRIBUTING TO DE	DEATH BUT NO DEATH OPERATION AY YEAR 19	OT RELATED TO THE TERM CUNCY, CM3 WAS PERFORMED	INALDISEASE OR CON 100 AUTOPSY? YES NO	20b. IF YES IN CERTIF YES	EN IN PART TO	NGS USED OF DEATH?
PART 2 OTHER PART 2 OTHER OR CONTRIBUTING (IF EITHER NOTE) 21a. ACCIDENT W. OR CONTRIBUTING (IF EITHER NOTE) 22a.1 certify the	immediate stating the cause last. SIGNIFICANT CO PERATION IS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) COUNTY WHILE CAUSE OF DEATH MEDICAL EXAMINER COUNTY COU	DUE TO, O (c) DNDITIONS C 19b COND 19b COND 21b TIME C HOUR A P. 21c PLACE (AI HOME, SII) attended th	ONTRIBUTING TO DESCRIPTION FOR WHICH DE INJURY M. MONTH DA M. OF INJURY REET, FACTORY OFFICE FA	OPERATION AY YEAR 19 ARM, ETC.)	OT RELATED TO THE TERM CLANCY CM 3 WAS PERFORMED 216. HOW INJURY OCCURR 211. LOCATION STREET	INAL DISEASE OR CON 200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJURE) TO PATE	20b. IF YES IN CERTIF YES URY IN ITEM 18 P.	WERE FINDI YING CAUSES S	NGS USED S OF DEATH?
PART 2 OTHER PART 2 OTHER 190 DATE OF OR 21a ACCIDENT W. OR CONTRIBUTING (IF EITHER NOTE) 22a-1 certify the saw the de above. (1) (s)	immediate stang the cause last. SIGNIFICANT CO PUBLIC CONTROLOGY SUNDERLYING COURED CURRED OUT WHILE CURRED At (I) (Mrs. hosper ceosed olive on public (I) (Mrs. hosper) (Mrs. hosp	DUE TO, O ICO ICO IPP COND 196 COND 216, TIME C HOUR A. P. 21e PLACE (AT HOME, ST) of thended the	ONTRIBUTING TO DESCRIPTION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY OFFICE FOR The deceased from 19	OPERATION AY YEAR 19 ARM, ETC.)	OT RELATED TO THE TERM CHACL COM 3 WAS PERFORMED 216. HOW INJURY OCCURR 211. LOCATION STREET	INAL DISEASE OR CON 200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJURE) TO PATE	20b. IF YES IN CERTIF YES URY IN ITEM 18 P.	WERE FINDI YING CAUSES S	NGS USED S OF DEATH?
Gave rise to cove (a), underlying PART 2 OTHER PART 2 OTHER 19a DATE OF OI 21a ACCIDENT W. OR CONTRIBUTING (IF EITHER NOTIFY 27a I certify the saw the de above, (1) (72b SIGNATUR)	IMMEDIALE STANDON CONTROL OF CONT	DUE TO, O ICO ICO INDITIONS C IPB COND IP	ONTRIBUTING TO DESCRIPTION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY OFFICE FA after death.	OPERATION AY YEAR 19 ARM, ETC.) DEATH BUT NO. AY YEAR 19 ARM, ETC.) DE	OT RELATED TO THE TERM CLIN COM S WAS PERFORMED 21c. HOW INJURY OCCURR 211. LOCATION STREET That in (my) (and opinion of the complete of	INAL DISEASE OR CON 200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJURE) TO PATE	20b. IF YES IN CERTIF' YES	WERE FINDI YING CAUSES S	O' NGS USED S OF DEATH? NO state that (b) (
PART 2 OTHER PART 2 OTHER 190 DATE OF OR 218 ACCIDENT W. OR CONTRIBUTING (IF EITHER NOTE) 220.1 Certify the saw the de above. (1) () 22b. SIGN ATUR 22d. PHYSICIAN	IMMEDIALE SUNDERLYING COURRED OF WHITE COURSE OF DEATH WORK COURSE OF THE WORK OF TH	DUE TO, O (c) DNDITIONS C 196 COND 196 COND 216. TIME C HOUR A HOUR A PRINTI VIEW the body	ONTRIBUTING TO DE MILL OF INJURY M. MONTH DA M. MONTH DA M. OF INJURY Meedecased from after death. M. D.	OPERATION OPERAT	OT RELATED TO THE TERM CURCLE COM 3 WAS PERFORMED 21c. HOW INJURY OCCURR 21l. LOCATION STREET that in (my) (and opinion of GREE	INAL DISEASE OR CON 200 AUTOPSY? YES NOW CITY OR TO TO PATE deoth accurred on the d MEDICAL STA DIRECTOR PHYSK	20b. IF YES IN CERTIFY YES	WERE FINDI YING CAUSES S	o' NGS USED S OF DEATH? NO that (B (we) couses stated SIGNED /82

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

The Man of the Country of the Countr THE RESERVE OF THE PARTY OF THE the same with the same with Light and the state of a production of the state of the s AND STREET AND COMMENT OF The same of the rate of the same of the same of STREET 1997 ALL CO

				STATE OF MARYLAND		
1		FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	3 2
		1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2
y be		(TITE ONT KINT)	NEWTON D.	HOPTON	May, 26, 198	32
mod .		3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR
ge 4 ector		Male	White	Nov. 28, 1910	71 YRS	MONTHS DAYS
2 may	5.10	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	
TIME)	45	California	US	WIDOWED DIVORCED	Montgomery	
Tim	En	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS IN	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF
6 6	10	Bethesda	Suburan Hosp		Shipping Busin	ess Cargo
nin 24 hou ly filled in should be	33/	OSUAL RESIDENCE (IF NURSING HOA 130 STATE 13b C Md; Mon	ounty tgomery Section Control		13e. STREET ADDRESS 6204 Dahloneg	a Rd.
omplete	150	Newton	D. Hopton	Minerva	WIDDLE	Dalj
nd c	o dico				ADDRESS	
be e	E	Yes WW	II-Korea 565-10-4	593 Mark Hopton	Same as Item #	13
physical on paper on	event, th	PART I. DEATH WAS CA		ratory Failur	(APPROXIMA BETWEEN ONS
death ce ottendin nave corb	raumotic	Conditions, it ony, which		ENCE OF ARRUT		1/2 /20
that the d by the leose rem	or other t	cause (a), stating the	TOUR TO COLUCE OU	ENCE OF HEART &	Isease	1 yn.
igner pl	Jry.	PART 2 OTHER SIGNIFICA		DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART Ha
required s	ini X	NOLV 198 DATE OF OPERATION	insetes mell.			
w e e	5	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDING

Dalv # 13 APPROXIMATE INTERVAL IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY OFFICE FARM, ETC.) STATE NOT WHILE 22a. I certify that (I) (this hospital) attended the deceased from sow the deceased live on show, (I) (we) Add (did not) view the and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated body ofter death 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 4301 - 48th St. N. W. Wash., D.C. S. A. Thomas. M.D. 236. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Suitland, Md. Cremation 5/27/82 Cedar H
14 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. Cedar Hill Crematory

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detach

MPORTANT

the burial-tronsit pe and Mental Hygiene

morked or Item 18

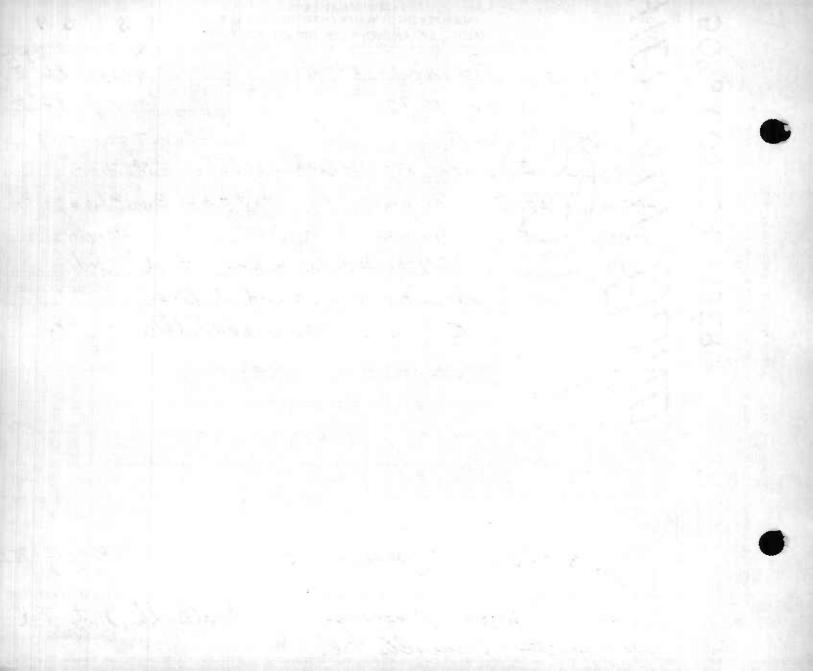
NAME 5130 Wisc. Ave. N.W. Wash., D.C. 20016

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATUR

126. KIND OF BUSINESS OR

THE RESERVE OF THE PERSON OF T nike to the low to 1940 money for year ages of the forcion (. Louison ELC II me a El tra material control (Control of Control BESCHELLE STREET, D. T. S. T. C. W. L. D. B. S. E. S. Share Spine Street

		_	STATE OF MARYLAND	
170		FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	289
10		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
-		CEASED NAME EIRST		DAY YEAR ZOUR
whave	-{TYI	E OR PRINT)	Calum Hovine DEATH MATED MAD	1170 20 00
1 30 968	3. SE	No was	S. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c DATE MONTH	DAY, YEAR 24 HOUR
(1) (1)	J. J.		MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	2 0 520
10000		mu	Nov. 21 11 20 YRS. DEAD May!	3 19 7 PM
SEE SEE		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY	OF DEATH
A 25 2 1	1	PA	USA WIDOWED DIVORCED Agen too	mery MD.
AAGE S	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF JORK 12	N KIND OF BUSINESS OR INDUSTRY
2000	1	Bondo	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (IF OUTHER INSTITUTION OF BESIDENCE REFORE ADMISSION) (IF OUTHER INSTITUTION OF BESIDENCE REFORE ADMISSION)	OK INDUSTRY
- GENOR-		L RESIDENCE IF IN NURSING HOM		
ANN AND 3	13a S	TATE 13b. COU		1 1- 01
2 44 8 X 8	1	11 de 14	CONT BOXX YES NOTE 20301 BUCKL	odie M
SSI.2	14. F.	ATHER'S NAME	MODIE LAST IS. MOTHER'S MAIDEN NAME MIDDLE	LAS
DEATH PAND		JOHN	P HoriNe Bessie Dou	9/AS
0 -025-0		VAS DECEASED EVER IN U.S. A ES, NO, OR UNKNOWN) (1E YES, GR	RMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (E WAR OR DATES)	
BALTIM IRS AFTER B. GIVE PA WITH FOR	1	1/0	217-32-2041 Mcs. Harne Boxes 1	udi
2 SOF 2 S		18 CAUSE OF DEATH (Enter of	only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
ON ST.,, 24 HOUS TEM 18, CONG W PERMIT, SIENE, D		PART I DEATH WAS CAUS	ED BY:	BETWEEN ONSET AND DEATH
NEW SERVERS		429, IMMEDI	ATE CAUSE (a) CONSEQUENCE OF	
MAY A PARTY WAS A PARTY OF THE		Conditions, if ony, which		yro.
A PRES MITHIN NCL IN INER A RANSIT TAL HY REMC	-	gave rise to immedia	(b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	110
, 201 W. PRE UTED WITHIN I'N PENCIL II EXAMINER RIAL-TRANS ON, OR REM	1	cause (a) stating the unde lying cause lost.	DUE TO, OR AS A CONSEQUENCE OF	
ZOTED IN P. EXA. IN P. EXA. IN P. EXA. ION, M.			(c)	
HALL RECORDS, 201 W. PRESTON ST. HOULD BE EXECUTED WITHIN 24 HCL RID "PENDING" IN PENCIL IN ITEM. HIEF MEDICAL EXAMINER AICNO. USED AS A BURIAL. TRANSIT FRAMI OF HEALTH AND MENTAL HYGIENE. RIAL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGNIFICANT CONDITION	IS <u>Contributing to death</u> but not related to the terminal disease or condition given in part 1 (0).	
RECO ID BE I PENDI	N N	/Uon	ا العام ا	
E STAN	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
F VITAL RE TE SHOULD WORD "PE	T-F	/Unn	<	YES O NO TO
OF V ATE S FE WO THE O TO BU		21a. EXTERNAL CAUSE WAS	216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART	2)
IVISION OF CERTIFICATE ITING THE W DED TO THE E3 SHOULD B DEPARTIMEN		UNDERLYING OR CONTRIBUTING CAUSE O	HOUR A.M. MONTH DAY YEAR	
SHC SHC SHC	MEDICAL	21d. INJURY OCCURRED	F DEATH P.M. 19 21e PLACE OF INJURY (ATHOME, 21f. LOCATION	
BIVISION S CERTIFIC RITING TH REDED TO 19 SE SHOUL FE DEPARTMENT FE DEPA	W.	340005	STREET, EACTORY, FARM, ETC.) STREET CITY OR TOWN COUN	NTY STATE
±>44E		AT WORK AT WORK		
L EXAMINER: 1 CERTIFICATE, DUID BE FORW. IL DIRECTOR: P H, WITH THE SI	1	22a. I certify that I took cha	rge of the remains described above, held an Autopsy 🔲, Inspection 🚨 Inquiry 🔲 and in my apin	non
EXAMINER: CERTIFICATI JLD BE FOR WITH THE S ARRYLAND		death resulted from: Not	urol causes Accident Suicide , Homicide Undetermined monner .	
EXAMINICERTIFIC JUD BE F DIRECTO			TITLE (SPECIFY)	
# 2 2 2 2 × 3		ACTUAL SIGNATURE	O O / COSTO DATA	2×13/900
SEX SEX	7	SIGNATURE	M.D. MEDICAL EXAMINER SIGNÉD.	1)
AEDIO GE 4 E FUNE		EXAMINER'S NAME		
TO MEDICAL EXECUTE THE CPAGE A SHOULD TO FUNERAL DA BATTER DEATH.		(TYPE OR PRINT)	ADDRESS.	
- w 4 m	230.6	URIAL, CREMATION, REMOVAL	23b. DATE 23c NAME OF CEMETERY OR CREMATORY	1 + 450
BP	24.5	Ser. Al	250. DATE REC'D. BY REGISTRAR THE PEGISTRAR THE	The piot.
DHMH - 17	24	UNERAL DIRECTOR	L ADDRESS MAY 19 1982	0.000
(VR A15 ME (5)) 15M 2/80		w clke	personally risk, min I'v INVE	
10/11 27 00				



FRANCIS H. BARBER LAYTONSVILLE, MD. 20879

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b. HOUR

IF UNDER VALHE

STATE

Md ... TATE

25a. DATE REC'D. BY REGISTRAR 25b. PEGISTR

SALE SALENCE AND A SALES Pick Dale State State State Investory Was Transference and THE THREE CHARLES AND THE PROPERTY OF THE PARTY OF THE PA tillen mil hand med selection

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

REGISTRAR			CERTII	FICATE OF DEATH	REG. N	10	· fina	
I. DECEASED NAME FIRST (TYPE OR BRIGHT)	(1	nmi)		LAST	20. DATE OF DEATH		AY YEAR	26 HOUR
Winn:	ifred		Howe	S	5/25	-182		1-15 N
3. SEX	4. RACE		5. DATE		6 AGE (IN YEARS LAST BE		IF UNDER I YEAR	
Female	Caucas	ian	Jul	y 31 1892	89	YRS	ONTHS DATS	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY		OF DEATH	
Massachusetts	USA		WIDOW	D NEVER MARRIED DIVORCED	Mant	come	117	44.0
IO CITY OR TOWN OF DEATH			IG HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ON	124 KIND C	MD OF BUSINESS OR
Dethesda	SU I	OUT DAN	Hos	pital	Homemaker	OF WORKING LIFE	industry own	home
USUAL RESIDENCE (IF NURSING HOME 138. STATE 138. COL	or other institution JNTY Somery	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Kensing	N	13d. INSIDE CITY LIMITS? YES A NO	13e STREET ADDRESS 5005 Cushi	ng Dri	ve	
4 FATHER'S NAME	WIDDLE	1457		15 MOTHER'S MAIDEN NA			13	
John		lholland		Winnif	red	B1	atchfo	rd
60 WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	IRITY NO.	17 INFORMANT	AGO	rkway,	Rockv	ille, Mo
(YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	214 74 0	035	Alice S. McCa	arthy, 1311	8 Turk	ey Bra	ınch
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(b)	OR AS A CONSEQUE	HINCE OF	unic Cardo Jeso co. NOT RELATED TO THE TERM				'us
20								
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO X	206. IF YES, IN CERTIFY YES	WERE FINDI	NGS USED 5 OF DEATH? NO [
	CAIR	DF INJURY .M. MONTH DA .M.	AY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PAI	ART I OR PART 2)	
OR CONTRIBUTING CAUSE OF D (IF ETHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE AT WORK AT WORK		OF INJURY REET FACTORY, OFFICE F	ARM, ETC.)	21f LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
270 I certify that (I) (this has saw the deceased alive a abave, (I) (we) (diar (did 27b), SIGNATURE			٥١ . سور	nd that in (my) (ear) apinian of			and from the	
N/thet	Luch	200	n	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [5/	55/12
THE PHYSICIAN'S NAME (TYPE	OR PRINT)			27e ADDRESS	Z.mccion Milan	-1B(1 L)	1 -/-	76
William F. Lu				5000 Reno Rd	., Washing	ton, D.	.C. 200	308
230 BURIAL, CREMATION, REMOVA	L 236. DATE M	lay 23c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

Homes, P.A. Bethesda, Maryland

Cremation

Alexandria,

Virginia

Cremation 26, 1982 Metropolitan

74 FUNERAL DIRECTOR Robert A. Pumphrey Funeral

the late of the second second second second and formula.

The state of the s Property of the second . St. . Monte of the control of the land of the control of the con AND THE RESERVE AND ADDRESS OF THE PARTY AND A The state of the s the agree that be too the first on the To all the Committee of the committee of THE TENEDON NAME OF STREET OF THE PROPERTY OF THE PARTY O MICDLE

- STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

REGISTRAR DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE (2)

CERTIFICATE OF DEATH

20 DATE OF DEATH

6

126 KIND OF BUSINESS OR

Conti

COUNTY

22c DATE SIGNED

STATE

APPROXIMATE INTERVA money

Office Supplies

IF UNDER 24 HRS

or and the second of the secon Enri Si vel sezzh 150 160 0100 00111 010 .. intended, ix. simie We are mentioned and recommend in an early all as a first il is 25% . In interest the contract of the state of the S/25/62 Services Temporary Convicte, NamyAend . D. . ave gladpo at Otto

STATE OF MARYLAND

The state of the s The way to be a second for any V Combast and and Vy combast March A Colored & March Y - 2 Colored

5	1.	FOR STATE REGISTRAR	DEF	PARTMENT OF	E OF MARYLAND HEALTH AND MENTAL H FICATE OF DEATH	O 4-	1	3 2	9 5
M		DOROHLA	M. MACE	Hys	P D DF BIRTH	24. DATE OF DEAT	H MONTH	3 82-	75 HOURS
4 de 4 m e 4	a, de-	Female /	Caucasian	MONI 13			YRS.	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON	HOURS MIN
death Po		Wash., D.C.	U.S.A.	WIDOW	The Party of the P	Mon	tgomer	ry	MD
by the fi	ū	'akoma Park	WAShing to	m After	1 1 11	Home I			BUSINESS OR
AND 21			itgomery whe	aton	YES NO D	11607	SS Idle	R becwe	d.
MARYL percentition and 2 s		Robert	B. Mili	ton	Opri	nne M		Park	er
TIMORE, the execution of control	Heir V	VAS DECEASED EVER IN U.S. AF PEL HIGORUHOIOWNE 18 193. GE NO		18-8519	John H.	Hysan- ab	DVE 80		
that the death certificate d by the attending physic lears remove carbot page ial, cremation, or removal or other traumatic event, it		18. CAUSE OF DEATH lenter of PART I DEATH WAS CAUSE IMMEDIA Conditions. If any, which gove rise to immediate couse to training the underlying cause last.	DUE TO, OR AS A COM	usolo	tian &	received by der	land)	MITWEEN OF	ATT INTERVAL
DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN. The flow requires the categories has been signed it as the burnol-trained permit. Then plea in the burnol-trained permit. Then plea the burnol-trained permit. Then plea the burnol-trained permit. Then plea on the burnol-trained regions prior to burnol acked for them. It shows any injury, or a cheed for them.	CERTIFICATION	PART 2 OTHER SIGNIBLE AND UNDERSTORM 194 DATE OF OPERATION	CONDITIONS CONTRIBUTION 191 CONSTITION FOR Y	ollo	NOT RELATED THE TE	RMINAL DISEASE OR C	JOB IF YE IN CERTIF	S. WERE FINDING FYING CAUSES C	QS USED
ON OF VITA TYSICIAN, 1 ding obysic a certificate burnol-traina Menvol traina An Hem 18 sh	MEDICAL CER	310. ACCIDENT WAS UNDERLYING. [DRICONTERBUTING. [] CAUSE OF DE 18 BUNER MODEY MUDICAL EXAMENS 314 INJURY OCCURRED.	EATH HOUR A.M. MONT	TH DAY YEAR	21r. HOW INJURY OCC	URRED (ENTER NATURE OF	PSILIPE IN ITEM 18.	PART (CREPART 2)	
DIVISION DIVICE PHY or attends of any the bis of any and M	MEC	SHIP DE MOT WHILE D	EAT HOME STREET, PACTORY	02/	6R2	. 05/	13/2 Z	COUNTY	MATE.
ATTEND topposis ECTOR and for use out of Hose out 21 to n		374 I certify that (I) (this hosp saw the decessed alive or above, (I) (we) (did) (did is 226 SIGNATURE			nd that in (my) (our) opini	on death accurred on the	ng Sate and has		174,000,000,000,000
Part OR All by the host Part DIREC e deteched State Dept.	(Miguel C	a. Kody	arely	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN [5/	3/82
D HOSPITAL setured by the TO FUNERAL hould be det with the State WHORTANT.		4	1		83/ Ulu	V. Alvd.	5.5.	Md.	
BP		Burial Burial	5/17/1982	The state of the s	nooln Com.	Brent		Pr. Geg	
DHMH-16 30M 2/80 (VRA 15, 4)	24. 51	INERAL DIRECT Nalley	r's F.H	Date Mt.R	ainier,	AY 1 8 1982	NAME OF THE OWNER OWNE	AP Mineral Co	Maria.

The state of the s

craft and a craft

. micsco-ii.m sanAvrit filest

injury, ar other troumotic event, the

should be detached for use as the burial-transit permit. Then please remove carboingape with the State Dept. of Health and Mental Hygiene priar to burial, cremotian, ar removal.

MPORTANT: If Hem 21 is marked or Hem 18 shows any

	51,
FOR	DEPARTMENT OF
STATE	DEI MITTINETTI O

ATE OF MARYLAND F HEALTH AND MENTAL HYGIENE 🤂

atile		1000	12.	.74
2		3	1	4
Circ	3	~	£11-49	

		REGISTRAR					TEATE OF BEATH		REG. NO.	33334		
		CEASED NAME	FIRST	,	MIDDLE	ı	AST	2a. DATE	OF DEATH M	ONTH DA	AY YEAR	2b HOUR
	(TTPE	ORPRINI)	CLARENCE MICHAEL				SRAEL		MAY	07	1982	5:52a M
	3. SE	X		4 RACE		5. DATE C		6. AGE (1	N YEARS LAST BIRTH	,	F UNDER 1 YEAR	
		MALE CAUCASIAN				OCT	20^1 1950		31	DNIHS DAYS	HOURS MIN	
_		INTHPLACE (STATE OR F		76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIN	ORE CITY OR	COUNTY	OF DEATH	
1	N	ORTH CAROL	INA	UNITED	STATES	WIDOWE		- 1 1403700	GOMERY		L. 127	MD.
-	10 CI	ITY OR TOWN OF DEA	TH		HOSPITAL, NURSING		OR OTHER INSTITUTION		LOCCUPATIO			OF BUSINESS OR
1		BETHESDA		NATION	AL NAVAL	MEDIC	AL CENTER		UNICATI			S. NAVY
-	USU, 13a. S	AL RESIDENCE DE NURS	136 COUN		134. CITY OR TOWN		13d. INSIDE CITY LIMITS	? 13e. STREE	T ADDRESS			
-		ARYLAND	PRIN	CEGEORG	ANDREWS,	AFB	YES NO 🖹	4654	-2 CHIC	AGO D	RIVE	
-	14 F A	ATHER'S NAME		MIDDLE	LAST	-11	15. MOTHER'S MAIDEN	INAME	MIDDLE			
	C	LARENCE		ILLIAM	ISRAEL		ALMA	EL	IZABETH	ī	WOOL	
7		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECUI	RITY NO.	17. INFORMANT		Rous	E 1,	BOX 44	16
4		YES		-1982	246-76-7	902	CLARENCE W	. ISRAE				NC 28768
		18 CAUSE OF DEAT	H (Enter on	ly one couse per	line for (a), (b), and	l (c)					BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH W	AS CAUSE	D BY: TE CAUSE (a) (CARDIOPUL	MONAR	Y ARREST-AT	RIAL SE	PTAL DE	FECT	11	
		7455			ACCOMPANI R AS A CONSEQUE	ED BY	BIVENTRICU	LAR FAI	LURE AN			
		Conditions, if ony,	which	(b)	AS A CONSEQUE	P	ULMONARY HY	PERTENS	ION			
		gove rise to imm	nediote)							- 14	
		underlying cause		(c)	R AS A CONSEQUE	NCE OF						
		PART 2. OTHER SIGN	IFICANT O		ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE T	ERMINAL DISE	ASE OR CONDI	TION GIVE	N IN PART 1	01
	CERTIFICATION											
	Z Y	19a. DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AU			WERE FINDI	
	Ē							YES [X		YES		OF DEATH?
	8	210. ACCIDENT WAS UND	ERLYING] 216. TIME O			21c. HOW INJURY OCC	CURRED (ENTER	NATURE OF INJURY	IN ITEM 18 PAR	IT I OR PART 2)	
		OR CONTRIBUTING C			M. MONTH DA	Y YEAR						
	MEDICAL	21d. INJURY OCCURR		21e. PLACE (17	21f LOCATION					
	WE	WHILE NOT WH	ILE .	(AT HOME, STR	EET, FACTORY, OFFICE, FA	RM ETC)	STREET		CITY OR TOWN	4	COUNTY	STATE
		22a I certify that (I)	(this hospi	tol) ottended the		02 MA	Y 19 8	32	7 MAY		,82	that (I) (we) last
		saw the decease above, (1) (we) (d	d alive an	07 MAY	19 8	2, or	d that in (my) (our) opin	nion death occur	red on the date	e ond hour	and from the	couses stated
		22k SIGNATURE	111	40	otter dedit.		DEGREE				22c. DATE	SIGNED
		(1)	W	1000	CARM	c	MA ATTENDING		R PHYSICIA		7 M	AY 82
		224 PHUS CHARLES	ME (TYPE O	R PRINT)	8-11		22e. ADDRESS			1		
		RICHARD	W. FC	LEY, EC	DR, MC, U	SNR	NATIONAL N	NAVAL ME	DICAL (CENTER	R, BETH	HESDA, MI
	23a. B	BURIAL, CREMATION,					EMETERY OR CREMATO					

WHMH - 16 50M 1/B1 (VRA 15, 4)

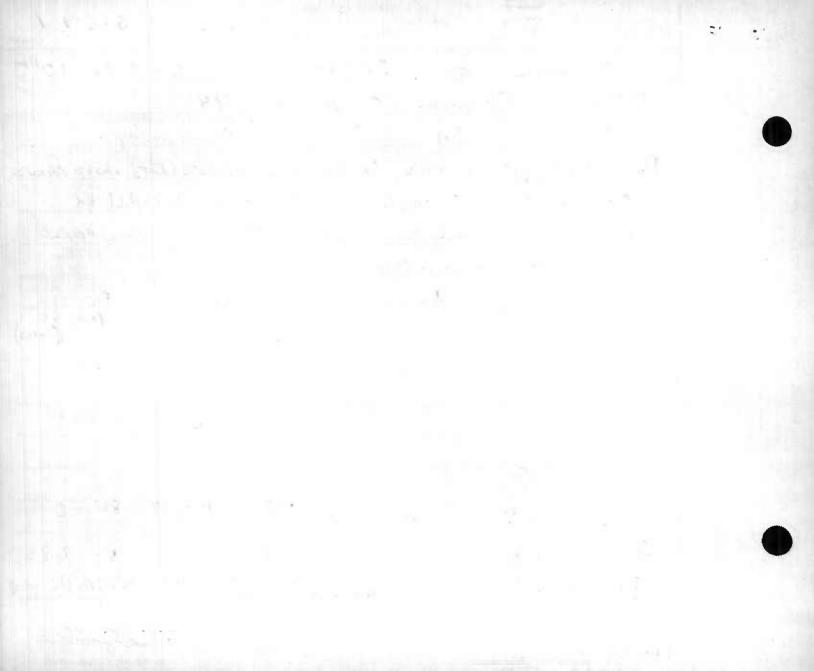
TO FUNERAL DIRECTOR:

Burial 5-11-1982

Boylston Church Cem

W.W.Chambers Co, 8655 Georgia Ave, Sil. Spg.

Tunder not (echemos) to the property of the second of the



ath. Page 4 may be

by the attending physician and campletely filled in by the furnion ase remaye carbon papers. Pages 1 and 2 should be filed within 72

should be detoched for use as the buriol-transit permit. Then please remave carboin pape with the State Dept, of Health and Mental Hygiene prior to burial, cremotion, or remaval MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic

PHYSICIAN. The

ATTENDING

etained by the hospitol TO FUNERAL DIRECTOR. medical

FOR - STATE

STATE OF MARYLAND

	REGISTRAR			CEKTIF	ICATE OF DEATH		REG. NO).	45	
	DECEASED NAME	FIRST	MIDDLE	l.	AST	20 DA	TE OF DEATH	MONTH	DAY YEAR	26 HOUR
		orothy	Mae	Jac	obson	AN 3	May	19.	1982	8:17a M
3	SEX	4 RACE		S. DATE C			IN YEARS LAST BIRTH	HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Female	White		June			86	YRS.	MOINTHS DATS	HOURS MIN.
7a	BIRTHPLACE (STATE OR FO	REIGN 76 CITIZEN	OF WHAT COUNTRY	/? 8.	D NEVER MARRIED	9 BAL	TIMORE CITY OF		OF DEATH	
M	assachusetts	U.	S.A.	WIDOWE			ntgomerv	Coun	tv	MD.
10.	CITY OR TOWN OF DEAT		OF HOSPITAL, NURS		OR OTHER INSTITUTION	N 12a U	SUAL OCCUPATIO	NC	126 KIND O	OF BUSINESS OR
Is	ilver Spring		ale Drive				of work for most of	WORKING LIF		Gov't.
Us	UAL RESIDENCE (IF NURSIN			ORE ADMISSION)	*131 010 DE CITY 1 1 1 1			11	10.0.	001
		Montgomery			13d INSIDE CITY LIMI		Ol Dale I	Dmi ve		
-	FATHER'S NAME		IDILI-01	DPILL	15. MOTHER'S MAIDE		100	DITAC	101	
1	Fred	WIDDLE	Daniels		Mar	V	E.		Fowl	
160	WAS DECEASED EVER IN		S? 166 SOCIAL SEG	CURITY NO.	17 INFORMANT	<i>y</i>	ADDRES	SS	10001	<u>C1</u>
	(YES, NO OR UNKNOWN)	None None	216-44-	21118	Roy Charl	oc Too	abaan /uu	Seeds	Icama -	- 4 72
F	18 CAUSE OF DEATH				TIOY CHAIL	cs vac	JUSOIT/IIUS	5 Della		MATE INTERVAL
1	PART I. DEATH WA	S CAUSED BY	mo to	1-61	· Odia		- 2/4	and de	BETWEEN	DNSET AND DEATH
	1999	MMEDIATE CAUSE (o	7 100	VICE	e cour	ingm	XV	D. CAG	1	
	Condition "		, OR AS A CONSEO	UENCE OF			0			
	Conditions, if any, gave rise to imme	diote)							
	underlying cause	lost DUE TO	, OR AS A CONSEO	UENCE OF					111	
	DART 2 OTHER SIGNI	(c)	CONTRIBUTION							
Z	PART 2 OTHER SIGNI	FICANT CONDITION	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMINALD	SEASE OR COND	ITION GIV	EN IN PART 118	0
CERTIFICATION	190 DATE OF OPERATION	ON 195 CO	NDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	1 20n	AUTOPSY?	20h IE VES	S. WERE FINDIN	NOS LISED
E C		170 00		OI EKATIO	THE STERI GRACE			IN CERTIF	YING CAUSES	OF DEATH?
ERT	21g ACCIDENT WAS UNDER	RLYING TO 116 TIM	E OF INJURY		21c HOW INJURY OF	CCUPPED (co		YE		NO []
		1100110	A.M. MONTH	DAY YEAR	110 110 11 11 17 01 1 01	CCORRED (E)	HER NATURE OF INJURY	MILEW IR P.	ARI I ORPARI 2)	
MEDICAL	(IF EITHER NOTIFY MEDICA		P.M. CE OF INJURY	19	211 LOCATION					
AFF	WHILE NOT WHILE	(AT HOM	STREET, FACTORY, OFFICE	FARM, ETC)	STREET		CITY OR TOW	M	COUNTY	STATE
	AT WORK AT WORK			lumo	19. 10.0	81	Moss		80	
	220.1 certify that (I) (t	olive on Apri		0-	, 17	OL to	May I	7.9		that (I) (36) last
	above, (I) (we) (did	d) (did not) view the b	ody ofter death.		nd that in (my) (X r) ap	olnion death o	curred on the dat	e and hour		
	22b. SIGNATURE	1 100		38	DEGREE ATTENDI	NG MED	ICAL _ STAFF	4	22c. DATE	SIGNED
	" XP	ennel	•		PHYSICI		CTOR PHYSICIA		May	19, 1982
	22d. PHYSI N'S NAA	ME (TYPE OF PRINT)			22e ADDRESS					

DHMH - 16 50M 1/81 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Cremation 24 FUNERAL DIRECTOR

Chambers Funeral Home

23b. DATE May/20/82

Dr. Frederick Frensilli, M.D.

ADDRESS

23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory

23d LOCATION
CITY OF TOWN
Suitland

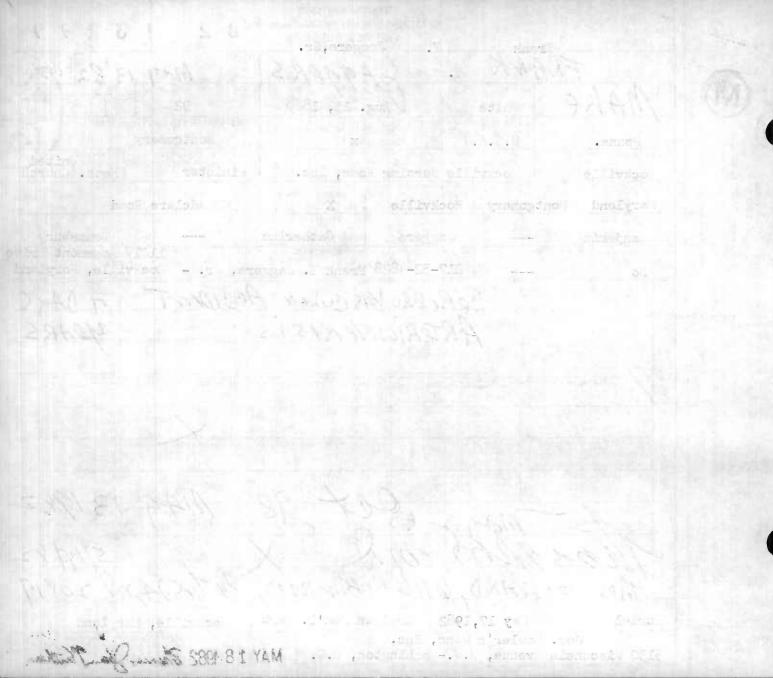
Wisconsin Ave. Suite 901 Chevy Chase, Md.

Silver Spring, Maryland

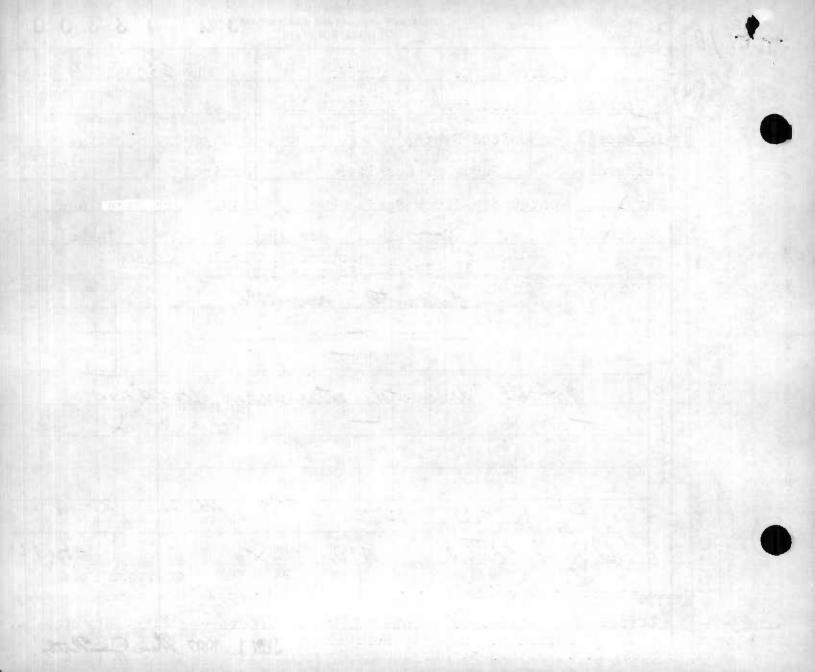
1982

Annotation of the second of th .oftoo .f.T . Courts. and the state of t in the state of th AND AND THE STATE OF THE PROPERTY OF THE PROPE

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 12 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO L DECEASED NAME 20 DATE OF DEATH 75 HOUR LTYPE OR PRINTI Mildred Jardin 4. RACE 3 SEX DATE OF BIRTH HOURS Female April 15,1938 Caucasian TO BIRTHPLACE ISTATE OF FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED X NEVER MARRIED Indonesia United States WIDOWED Montgomery County. INDUSTRYInterior TYPE OF WORK EOR MOST OF WORKING LIEE! Bethesda Suburban Hospital Artist DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 Design LIE NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM 130. STREET ADDRESS Bethpage V36 COUNTY MontgomerySilver SpringES X Mary land Lane 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Hendrik Engelen Georgine Tambajong 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Robert P. Jardin, Husband ADDRESS (YES, NO OR UNKNOWN) HE YES GIVE WAR OR DATES! 00 - 38 - 7528Same 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF . Canditians, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICAN CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 1206. IF YES, WERE FINDINGS USED NO NO [iol-tronsit 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 71c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IE EITHER NOTIFY MEDICAL EXAMINER) 10 0 21d INJURY OCCURRED 21e. PLACE OF INJURY 21L LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY OFFICE, FARM ETC.) STREET NOT WHILE 770.1 certify that (1) this hospital) attended the deceased from sow the deceased alive on abave (1) we) (did alive on and that in [my] (aur) opinian death accurred on the date and haur and fram the causes stated lew the bady after death DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be detoo 774 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 9410 Old Georgetown Road Elliot R. Goldstein, M.D. Bethesda. Maryland 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION May Buria1 Gate of Heaven Cemetery, Silver Spring, MD. DHMH - 16 50M 1/81 Robert A. Pumphrey Funeral (VRA 15, 4) P.A., Bethesda, Maryland



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR L DECEASED NAME 2a. DATE KNOWN a HAUR (TYPE OR PRINT) OF ESTI-S. JENKINS. □ Mav 20 DFN7T . DATE OF BIRTH AGE IN YEARS IF UNDER 24 HRS a HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED 17045 Male DEAD YRS May 20. white 1982 To BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XNEVER MARRIED FOREIGN COUNTRY) West Virginia USA WIDOWED DIVORCED Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20. USUAL OCCUPATION (TYPE OF WORK 1126. KIND OF BUSINESS OR INDUSTRY
Auto Leasing Mechanic ND 2 SHOULD BE FI Silver Spring Holy Cross Hospital 13a. STATE 113b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 3933 Wendy Lane NO Montgomery 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME FIRST LAST MIDDLE LAST DAND Fred Jenkins Mina Cantwell 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT DIVISION LIF YES, GIVE WAR OR DATES! 233-56-7423 Penelope A. Jenkins-wife(sm 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PERMIT. MINER ALONG Y PART I DEATH WAS CAUSED BY ED AS A BURIAL - TRANSIT PERMI HEALTH AND MENTAL HYGIENE, IL, CREMATION, OR REMOVAL. MYOCARDIAL IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which ARTERIOSCLOKISES gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19g. DATE OF OPERATION USED / 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALITMORE, MARYLAND, 21201 PRIOR TO BURILIA, YES NO Z 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CHG CONTRIBUTING CAUSE OF DEAT S 19 52 21e PLACE OF INJURY 21f LOCATION (AT HOME. AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) WORK 220 I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian Undetermined manner Hamicide TITLE SPECIF DATE EXAMINER'S NAME SPECBurial 5-25-1982 McFarland W. Va. Cemetery McFarland 24. FUNERAL DIRECTOR . H . AVEL 30. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATUR Hines/Rinaldi Funeral Home **DHMH-17** S.S. Md. (VR A15 ME (5))

15M 2/80

STATE OF MARYLAND

The state of the s TOYAM THE THREE TO COME THE CONTRACT OF THE CO

W. W. Chambers Co, Inc 8655 Ga. Ave, Sil. Spg.

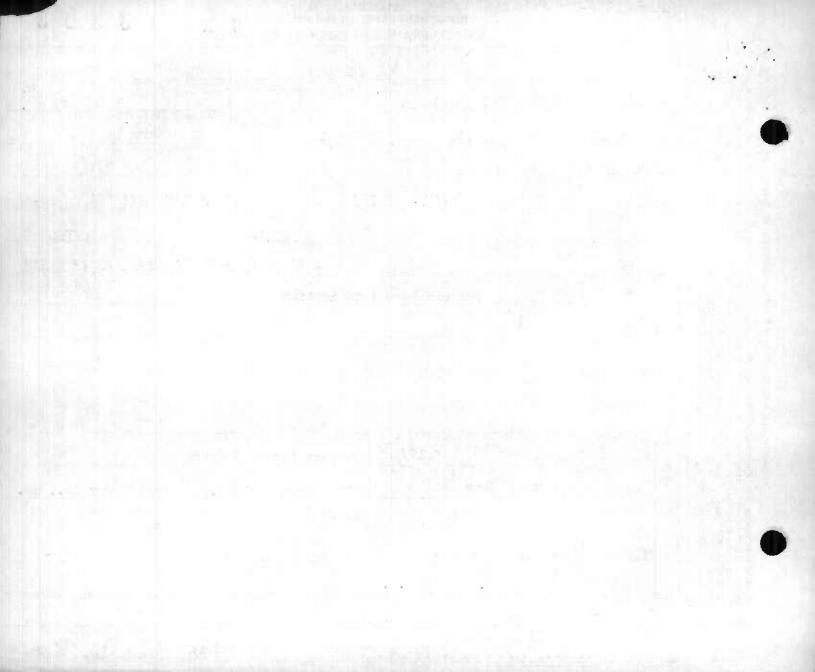
FOR

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN®

with the second of the second BENEFIT BENEFIT TO THE PARTY TO BE STORY AND WARREN Later to the Contract to the C

1	1-5	OR STATE	a-22a Fi		EPART	ÖZ ISTATE MENT OF HI EXAMINE	EALTH	AND M	ENTAL			1	3	3	0	3
	I. DEC	REGISTRAR CEASED NAME OR PRINT)	FIRST		MIDDLE	EXAMINE		LAST	CATE	OF DEA	2a. DATE K	REG. NOWN [ESTI- MATED	MONTH		YEAR	26. HOUR
RECTOR. JR FILES. 2 HOURS	3. SEX			5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UN	DER 1 YR.	IF UNDE	R 24 HRS.	2c. DATE PRONOUND DEAD		MONTH	17 1	YEAR	2d HOUR 2:05
	70. BIF	EMALE C RTHPLACE (STATE REIGH COUNTRY) ENNESSEE	AUCASIA	JULY15, 76. CITIZEN OF WH	AT COUN		MARRIE	D NE	VER MAR		9. BALTIMO		or coul	NTY OF D		MD.
S S S S S S S S S S S S S S S S S S S	10. CI1	LVER SPR		11. NAME OF HOSE	PITAL, NU	RSING HOME, (T2a, USI	JAL OCCUP MOST OF WORK JSEWIF	ATION (T		12b. KIN		SINESS
	USUA 13a. ST	L RESIDENCE (IF II	N NURSING HOME OR	OTHER INSTITUTION, GIV	131 CITY		1)	13d INSIDE (LITY LIMITS?		EET ADDRES		HILL	ROAD	20	0904
199 M		THER'S NAME FIRST		MIDDLE		LAST			FIRST ZEI	DEN NAME	MI	DDLE			AST ATES	
WITH FORM PAGES 1 A DIVISION OF	16a. W (YE	AS DECEASED ETS, NO, OR UNKNOWN	VER IN U.S. ARM) (IF YES, GIVE W			NE	NO.	WA.		E L. 3	10HNS0	ADDRES N S	SAME_		3 S	SON
HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, I RIAL, CREMATION, OR REMOVAL.		gave rise cause (a) sta lying cause l	if any, which to immediate ating the <u>under-</u> last.	(b)	AS A CON	nsequence of				PART 1 (a).						
OSED AS OF HEALTH RIAL, CRE/	CERTIFICATION	19a DATE OF OF	PERATION	19b. CONDIT	ION FOR	WHICH OPERA	TION W.	AS PERFOR	RMED?						UTOPSY?	NO 🗆
OR TO BUI		210 EXTERNAL C UNDERLYING CONTRIBUTING	₹ OR		MONTH 5/	1//1905	Sul	ject			drugs		18 PART 1 OR		ES LA	NOL
R: PAGE 3 SHOULD BE USED A IE STATE DEPARTMENT OF HEA D, 21201 PRIOR TO BURIAL, CI	MEDICAL	21d. INJURY OCC. WHILE AT WORK	CURRED NOT WHILE NT WORK	2Te PLACE C STREET, FACTO Home				TATION TREET Hex	ton E	Hill H	city or tov		ntgom	ery (Co.,	Md.
AFTER DEATH, WITH THE ST BAUMORE, MARYAMD, 2		22a. I certify t death resulted ACTUAL SIGNATURE		e of the remains described causes ,	Accident		Autops	Hami	SPECIFY)	Undet	Inquiry ermined ma	nner X	and in my , DAT SIGI	E 5	i-18-	·82
AND		EXAMINER'S NA (TYPE OR PRINT)		jinia L. C				ADDRESS_			nn Sti	reet				
	(5		ZIAL	5/20/82	Ci	NAME OF CEME EDAR HIL			RY	SU	OCATION OR TOWN ITLAND		PRI			MD.
H - 17	24. FU			S J. COLL W. SILVER						MAY 2	REGISTRAI	2 756 REG	GISTRAR'S	SIGNATI	JRE	



STATE OF MARYLAND

THE STATE OF THE S The second secon ACTION OF THE PARTY OF THE PART A SERVED AND A SERVED OF THE S withing the same of the first and the same of the same

6		1	FOR STATE REGISTRAR			DEPARTA	AENT OF H	EALTH AND I	MENTAL HYG	IENE 8	2 REG. NO	1 3	3 3	0 5
, be		1.0	ECEASED NAME PE OR PRINT)	MATIL		MIDDLE	ŀ	ANIS		20. DATE O	MAY	17	1982	7:45P M
9е 4 то)	ector.	3. S	FEMALE		4. RACE WHITE		S. DATE O	IST 29	,1910		YEARS LAST BIRTH	YRS.	UNDER I YEAR	HOURS MIN.
Seath. Po	on or one	1	BIRTHPLACE (STATE OR F		u. s.		WIDOWE		VORCED [GOMERY	COUNT	MD.
201 30th:	by the fulled with	7	SILVER SPR	ING	SYLVA	NAMANOR I	iuksi		IITUTION		SEWIFE		OWN H	OME
AND 21	hould be	130	MARY LAND	ING HOME OF	GOMERY	ROCKVILY		13d INSIDE C	t-m-d		I^DARSST1	ROSE R	OAD	
MARYL MARYL ted with	ompletely ond 2 s	1	BENJAMIN		WIDDIE	FELDER		IDA	S MAIDEN NA/		WIDDLE		DEVIN	SKY
TIMORE	S. Pages	160.	WAS DECEASED EVER (YES, NO OR UNKNOWN)		MED FORCES?	067-03-0		17 INFORMA	ER A. K					URT
res that the death of the	fined by the attending probabon please remove carbon ourial, cremation, or remy, or other traumatic events.	CERTIFICATION	Conditions, if ony, gove rise to improve (0), stating underlying couse PART 2 OTHER SIGN	which nediate ig the lost.	(b)	R AS A CONSEQUE		SC SC NOT RELATED	Costo TO THE TE	NAL DISEAS	SE OR COND	FASSEITION GIVE	15	rer
ITAL RECORDS	sicion. ote hos been signistipermit. The ygiene prior to 18 shows ony injur		190 DATE OF OPERA			ITION FOR WHICH	OPERATIO	/	JURY OCCUR	TOB AUTO	NOX	IN CERTIFY		IGS USED OF DEATH? NO
INISION OF V	attending phys ter this certifica is the burial-tra h and Mental Hy rked ar Item 18	MEDICAL C	OR CONTRIBUTING (FEITHER NOT IN MEDIC 21d INJURY OCCURE WHILE NOT WAT WORK TO YOUR	CAL EXAMINER	P. 21e. PLACE	M. MONTH DA	19	211 LOCATIO	1		CITY OR TOW		COUNTY	STATE
OR ATTENDIN	e hospital or DIRECTOR: Af oched for use o Dept. of Healt f Item 21 is mo		220.1 certify that (1) saw the decease obout (1) (we) (c) 22b. 5 Gh & URE					DEGREE C	(our) opinion of	death occurr	ed on the dat	A TO	ond from the	
O HOSPITAL	etained by th TO FUNERAL should be deta with the State MPORTANT: I		22d. PHYSICIAN'S NO Mey	ton	Lu	141TE	M.D.	220 ADDRES	PHYSICIAN A	org/	d A V	re Sil		may of
	BP		BURTAL		5/20/	1982 NE		TEFIOR	E CEMET		ARMING1		TONG 1	AVE/Sides
	H- 16 30M 2/80 VRA 15, 4)	24	232 CARROL							Y 2 4	1982	A COLUMN	OI	ORE

20081 38 The state of the s

	(TYPE	OR PRINT)	EDITH	CAMP	KEAC	CH	7100	29 198	つじ
A)	3. SE)	EMALE	4 RACE	HITE	S. DATE C		6. AGE (INYEARS LAST BIRT	THOAY) IF UNDER LYE MONTHS DA YRS.	
	CC	RTHPLACE (STATE OR FO	o.C.	ZEN OF WHAT COL	MARRIE WIDOWE	D NEVER MARRIED C	Montenan	R COUNTY OF DEATH	
190	Si	TYORTOWN OF DEA	ng Syl	van Manor	Health (Care Center	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Housewife		RY
35	13a. S	at residence (#100 STATE laryland	135 COUNTY Nontgom		oce Before admission) OR TOWN Per Spring		13e. STREET ADDRESS 4322 Ivy	Glen Road	His
150	4. FA	Dee FIRST	MIDDLE	Han	mer	Bertha	MIDDLE	Cam	p AST
medical	16a. W	VAS DECEASED EVER (ES, NO OR UNKNOWN)	IN U.S. ARMED FO	DATES	03 1100	June Boulde	en Same as #		ter)
riol, cremation, or other traum		Canditians, if any, gave rise to imm cause (a), statin underlying cause	mediate ng the last.	(b) ACO		NOT BELATED TO THE TEL	PANNAI DISEASE OR CON	DITION GIVEN IN PAPE	Con Man
e prior to buriol, cremations sony injury, or other traum	ICATION	gave rise to imm cause (a), statin underlying cause	mediate ng the last. DU DIFICANT CONDIT	(c)IONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TEL	RMINAL DISEASE OR CON	DITION GIVEN IN PART 20b. IF YES, WERE FIN IN CERTIFYING CAU	IDINGS
ental Hygiene priar ta burial, cremation Item 18 shaws any injury, ar ather traum	ICAL CERTIFICATION	gave rise to imm cause (a), statin underlying cause PART 2. OTHER SIGN 19a. DATE OF OPERA! 21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	mediate ig the DU last. NIFICANT CONDIT TION 19b DERLYING 21b CAUSE OF DEATH THE EXAMINER)	IONS CONTRIBUTION FOR CONDITION FOR LIME OF INJURY OUR A.M. MON P.M.	NG TO DEATH BUT WHICH OPERATIO ITH DAY YEAR 19	N WAS PERFORMED		206. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS SES OF I
T co	MEDICAL CERTIFICATION	gave rise to imm cause (a), stating underlying cause PART 2 OTHER SIGN 19a. DATE OF OPERAT 21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF ETHER, NOTHY MEDIC 21d. IN JURY OCCURR WHILE NOTW AT WORK AT WORK	mediate ing the lost. NIFICANT CONDIT TION 19b DERLYING 21b CAUSE OF DEATH AL EXAMINER) RED 21e RET 21e RET 21e RET 21e RET 21e	CONTRIBUTION FOR CONTRIBUTION FOR A.M. MON PLACE OF INJURY HOME, STREET, FACTORS	WHICH OPERATION WHICH OPERATION ITH DAY YEAR 19 Y, OFFICE, FARM/ETC.)	216. HOW INJURY OCCU	20a. AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUSTES TO THE TEM 18, PART 1 OR PART	IDINGS SES OF
Dept. of Health and Mental Hy Bem 21 is marked ar Item 18		gave rise to imma cause (a), stating underlying cause PART 2 OTHER SIGN 19a. DATE OF OPERAT 21a. ACCIDENT WAS UNEOUR CONTRIBUTING (IF ETHER, NOTHY MEDIC 21d. IN JURY OCCUR! WHILE NOTHY AT WO 22a.1 certify that It's saw the decease above (1) (We) (22b. SIGNATURE) 22b. SIGNATURE	mediate ng the lost lost lost NIFICANT CONDIT TION 19b DERLYING 21b CAUSE OF DEATH AL EXAMINER) RED 21c RED 21c (AT Othis haspital) and addive and	CONTRIBUTION FOR CONTRIBUTION FOR A.M. MON PLACE OF INJURY HOME, STREET, FACTORS	WHICH OPERATIO JTH DAY YEAR 19 7, OFFICE, FARMMETC.)	216. HOW INJURY OCCU	20a. AUTOPSY? YES NO S JRRED (ENTER NATURE OF INJU CITY OR TOV In death accurred on the d	20b. IF YES, WERE FIN IN CERTIFYING CAUSTES TO THE TEM 18, PART 1 OR PART OUNTY 19 22c. DV. FF 22c. DV.	IDINGS SES OF N
T co	MEDICAL	gave rise to imm cause (a), stating underlying cause PART 2 OTHER SIGN 19a. DATE OF OPERAT 21a. ACCIDENT WAS UNCOR CONTRIBUTING (IF ETHER, NOTHY MEDIC 21d. IN JURY OCCUR! WHILE NOTW AT WORK AT WORK AT WORK AT WORK 22a.1 certify that He saw the decease above (1) (We) (22b. SIGN AT CRE 22d. PHYSICIAN'S N.	mediate and the last	IONS CONTRIBUTION FOR CONDITION FOR MAN, MON P.M. PLACE OF INJURY HOME, STREET, FACTORS IN THE PROPERTY OF T	WHICH OPERATION ITH DAY YEAR 19 (, OFFICE, FARMATC.) d from h,	216. HOW INJURY OCCU	200. AUTOPSY? YES NO S JRRED (ENTER NATURE OF INJU CITY OR TON In death accurred and the d MEDICAL PHYSIC FAMOUR A	20b. IF YES, WERE FIN IN CERTIFYING CAUSTES TO THE TEM 18, PART 1 OR PART OUNTY 19 22c. DV. FF 22c. DV.	IDINGS SES OF 2) 2) 4, that the caus

- STATE

Hyattsville, Maryland

REGISTRAR

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2

REG. NO.

commercial Dvg Norman tion got wyl cort the section of the state of the section of the sect nds of server 000 STG OF 1100 June Healthen Same as 115 (Emmissell Built-Hall Till medicalities was been a copyral as logarity earet; the said frame of the bone singular Smilynor , phily stock

STATE OF MARYLAND

hard anavi 388f arm and RouteomeryEolkGuidles W Beireville, d. Frederick Plummer Frances hisaolo" Unknown Daphne H, Menne(Dau.) same as 113 Turisl 5-23-82 Keene Ramily Plot St. Slimabeth, Jameice A STATE OF THE STA

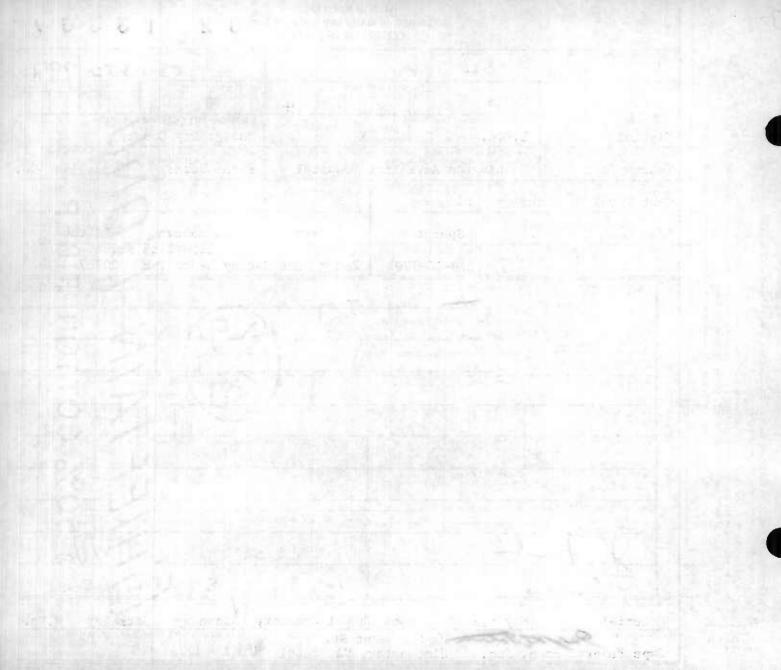
BYTE & TONTO WORL LANDS BERGERING THE PARTY OF THE P The state of the state of CONTRACTOR SECURITION OF SECUR the property of desirable over 188 9 The Carried HENRY WILE PERSON SINES

Winchester, VA

22601

Omps Funeral Home, Inc.

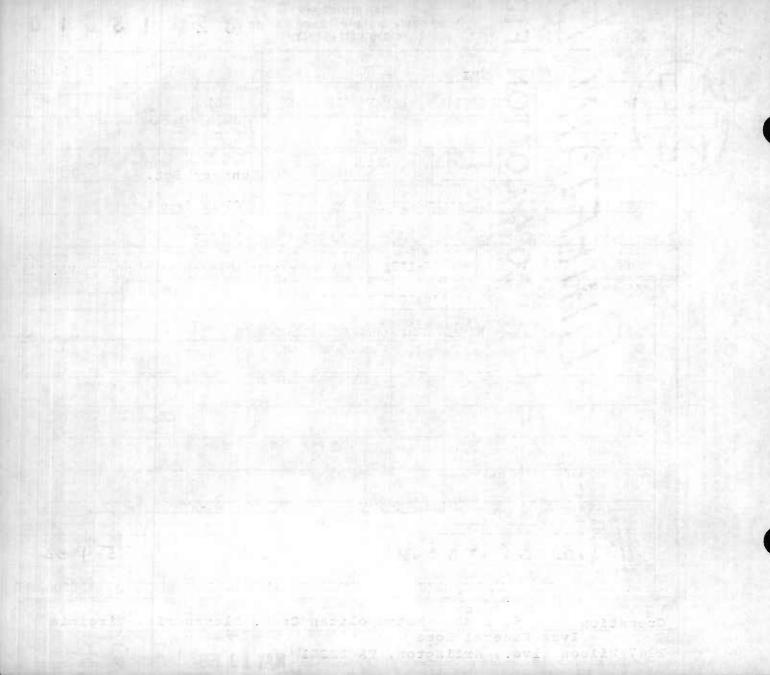
STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST MICOLE 20. DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTS BERNARD KING MAY 04 1982 1:00a NMI 4 RACE 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHOAY) male MAY fo 1920 CAUCASTAN 61 TO BIRTHPLACE ISTATE OF FOREIGN LOUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WEST VIRGINIA MONTGOMERY WIDOWED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BETHESDA NATIONAL NAVAL MEDICAL CENTER USMC Gunnery Sat. USUAL RESIDENCE (IF NURSING ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 3617 Madison Lane VIRGINIA . ARLINGTON BAILEYS XROADSYES X NO 4 FATHER'S NAME 13. MOTHER'S MAIDEN NAME MIDDLE LAST WILLIAM BERNARD KING NANCY JANE LEMLEY 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT BAILEYS CROSS-(IF YES, GIVE WAR OR DATES) 510-14-2272 MARY KING 3617 MADISON LANE 940-1960 ROADS, VA. 2204] APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: RESPIRATORY FAILURE IMMEDIATE CAUSE to METASTATIC SOUAMOUS CELL CANCER Conditions, if any, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX NO F 71n ACCIDENT WAS UNDERLYING 71h TIME OF IN ILIRY 2 IC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED à 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY OFFICE, FARM ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from 82 82 _, and that in (my) (our) opinion death occurred on the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the body after death. DEGREE 22c. DATE SIGNED L+ me usun ATTENDING MEDICAL STAFF
DIRECTOR PHYSICIAN PHYSICIAN 22d, PHYSICIAN'S NAME LITYPE OR PRINT 22e ADDRESS with the H. LESTER REED, LT, MC, USNR NATIONAL NAVAL MEDICAL CENTER, BETHESDA, MD 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 DATE 23d LOCATION May Metropolitan Crem. Alexandria, Virginia 5, 1982 Cremation 24 FUNERAL DIRECTOR Ives Funeral Home 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/B1 (VRA 15, 4)

2847 Wilson Blvd., Arlington, VA 22201



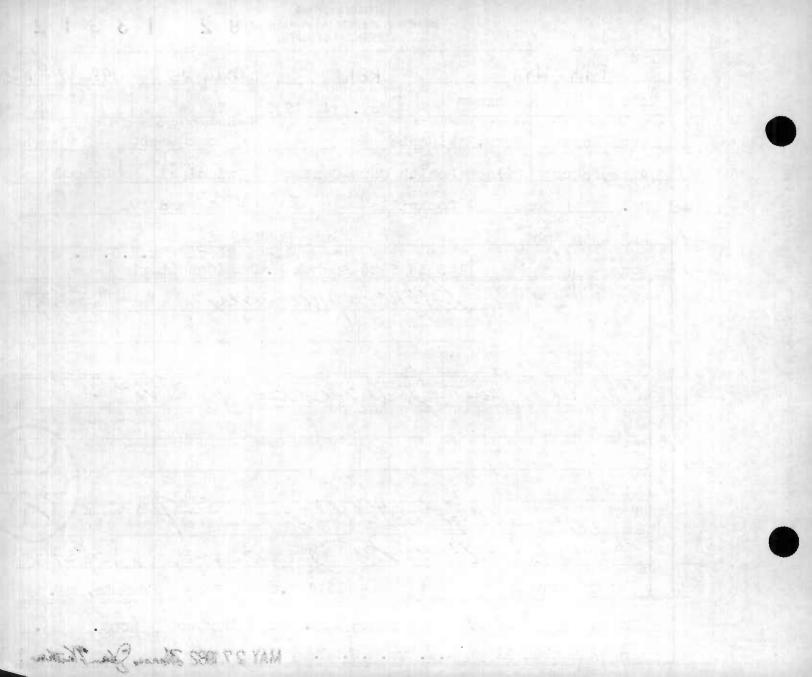
STATE OF MARYLAND

Port 2 V. 12 . house the control of A.B.U Stor ye'. estable to the second s december 1981 - 1981 - X Smirry May 18 Communicated Sent Date: n 21981 -- plants Sob December 200 and the court was all the court of the court Amena Amena de la compania del compania de la compania de la compania del compania de la compania del compania de la compania del compania de la compania del c STORE LINE TO THE ALTO Accousin Me., It, Similarton, N.O. 20204

	FOR 1 - STATE		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE8 2 1	3 3 1 2
	REGISTRAR 1. DECEASED NAME	FIRST MIDDLE		AST DEATH	REG. NO.	DAY YEAR 2b HOUR
	(TYPE OR PRINT) Bak	- Han	. Ke	oh.	may 25	1982 110
ij	Male Male	4 RACE Korean	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H
1	70. BIRTHPLACE (STATEORFI		T COUNTRY? 8 MARRIE Sident WIDOWE	DIVORCED D	9 BALTIMORE CITY OR COU	INTY OF DEATH
4	South Kore 10. CITY OR TOWN OF DEA Gaithersbu	TH 11. NAME OF HOSE (IF NOT IN SUCH FACE Wilson	ITAL, NURSING HOME (LITY, GIVE STREET ADDRESS) Health Car	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Principal	12b. KIND OF BUSINESS
5	IDSUAL RESIDENCE (IF NURSI 130. STATE Md.	136 COUNTY 13c.	esidence before admission) CITY OR TOWN Rockville	13d INSIDE CITY LIMITS? YES X NO	95 Dawson	Ave
1	Duk Hwan		LAST	Sung Sool	c Choi MIDDLE	LAST
1	(YES. NO OR UNKNOWN) None	(IF YES, GIVE WAR OR DATES)	SOCIAL SECURITY NO. 58 5424		06 Eldridect Chun (Daughte:	
	7 4860 Conditions, if any, gave rise to inten- cause (al.) stating underlying cause	which (b)	A CONSEQUENCE OF	gneum	nea /	s day)
		W HEANT CONDINGNS CONTR	HUI IND TO DEATH HA	NOT RELATED TO THE TOM	INAL DISEASE OF CONDITION	PART IN
9	THE DATE OF OPERAT.	ON 196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	70x AUTOPSY? 70k II YES NO	YES, WERE FINDINGS USED EXTERNING CAUSES OF DEATH? YES [7] NO. [7]
9	THE ETHER MOTH MIDE. 214 INJURY OCCURRE	MISE OF DEATH ALEXANDREED P.M. ED 21e PLACE OF IN	MONTH DAY YEAR 19	THE LOCATION	RED (E-stree marture of induses in sites Cott- de forme	COUNTY STATE
	27s.1 certify that (I) sow the decease above, (I) (I)		death.	The state of the s	death occurred on the date and	19, that (1) (while hour and from the couses stored
1	77% SIGNATURE VUUL	ME (THE CHANNE) SCRUGGS	usgo M	224 ADDRESS	MEDICAL STAFF DRECTOR PHYSICIAN	121. DATE AIGNEY
	ZIa BURIAL, CREMATION, 8	EMOVAL III DATE	The Supplied Co.	EMETERY OR CREMATORY	236 LOCATION DOLOR TOWN	county state
-	Burial	5/29/8	2 Norbed	k Mem.Park	Norbeck	Mont. Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

MAME
Hines/Rinaldi 11800 N.H.Ave.S.S.Md.



	11		500				E OF MARYLAND		
	15	1.	FOR STATE		DEPART		EALTH AND MENTAL HYG	IENES 2	3 3 3
		1.05	REGISTRAR Kathryn	G.	Kokkin	is	ICATE OF DEATH	REG, NO.	
m =	/		CEASED NAME FIRST	1	WIDDIE	V	AST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
oge 3 death		3. SE	MATUR	A RACE	G.		OKKINIS	5	2 80 11 1PM
([0,5]	1					5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
/ HORSE	Die	_	Female RTHPLACE (STATE OF FOREIGN	White	WHAT COUNTRY?	July	17, 1907	9. BALTIMORE CITY OR COU	RS. NITY OF DEATH
ne funeral within 72	of once		Greece	U.S.A		WIDOWE		M Tel	omery Mo.
by th	of To		Bethesda	(IF NOT INS	JOHN FACILITY, GIVESTREET	ADDRESS)	HOSDITAL	120 USUAL OCCUPATION / (TYPE OF WORK FOR MOST OF WORK!) Sales Lady	NG LIFE) 126. KIND OF BUSINESS OR INDUSTRY Dept. Store
ly filled in should be	35	13a.	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL Maryland Mon		130 CITY OF TAW		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 5480 Wiscons	in Avenue
26	Buine	14 F	THER'S NAME	WIDDLE	LAST	1	15 MOTHER'S MAIDEN NAM	MIDDLE MIDDLE	TPAST
ample I and	376		Loukas		Kugopou		Anna		Kopidou
i o	e medica		VAS DECEASED EVER IN U.S. A res, no or unknown) (if yes, g	RMED FORCES?	579-54-1		George Kokki		80 Wisconsin Ave. thesda, Maryland
physical physical physical emovol.	event, th		18 CAUSE OF DEATH LEnter of PART I. DEATH WAS CAUS IMMEDIA	nly one couse pe ED BY: .TE CAUSE (o)	Myoca		1 Interction	Massive	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
nding corbin	roumotic		4100	DUE TO, O	OR AS A CONSEQUE	NCE OF	01	D:	
e dec move	ino ni		Conditions, if ony, which gave rise to immediate	(b)_	Corone	3 84	sairery	VISea se	
- 7 0 D	or other		cause (a), stating the underlying cause last	DUE TO, (or as a conseque	NCE OF			
signe Then p tabur	inlury, o	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	NAL DISEASE OR CONDITION	GIVEN IN PART No
tan. has beer it permit.	2	CERTIFICATION	190 DATE OF OPERATION	196 CON!	OITION FOR WHICH	OPERATION A	N WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
0 = 10	9		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	ATH HOUR A	OF INJURY	Y YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	A 18 PART I OR PART 2)
affendin ter this o	rked or	MEDICAL	21d INJURY OCCURRED WHILE AT WORK	(AT HOME, S	OF INJURY TREET FACTORY OFFICE F	RAMETC)	211 LOCATION STREET	A CITY OR TOWN	COUNTY STATE
pital or TOR Affar use of Health	om si 12		220.1 certify that (1) (this hasp saw the deceased alive a above, (1) (we) (did) (did n	_ Ma-	1 2 19	1982 on		to May a	hour and from the couses stated
	He He		27 SIGNATURE CO	2000	offer death.		ATTENDING .	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED 5/2/1982
TO HOSPITAL etained by the TO FUNERAL should be det	MPOKIAN		22d. PHYSICIAN'S NAME (TYPE		mos		22e ADDRESS RI41 K	ST NW	Wash. DC
of Sho	ξ-		URIAL, CREMATION, REMOVA	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION	
BP			Butial	5/5/			Heaven Cem.	Silver Spri	ng Md.
HMH - 16 50M 1/ (VRA 15, 4)	31		NAME 30 Wisconsin A					REC'D. BY REGISTRAR 251 REC	
								N letter Comment	

Years Milton 19, 1977 enous . Dept . Sheet wale express actions at the at the right I seminated the Company and entropy and advisor entered, decorate - clubbiol sproba TEVI-45-000 Carman at District "/5/" - - - of "even to. Silver coming Ma. 250 from the committee of the committee

	1	em #100 per ; FOR 5/12/82	rc pnone call		STATE OF MARYLAND IT OF HEALTH AND MEN	TAL HYGIENE Q	9 1	7 %	1 1
(B)	I. DI	REGISTRAR CEASED NAME FIR	st		ERTIFICATE OF DEAT	IH O	REG. NO. OF DEATH MONTH	DAY YEAR	2b HOUR
Was a			ira	Anne	Kovac:	5 5/	7/82	140	305 €
4 90	3. St	Female	4. RACE	ite	May 17 19		hili yrs yrs	MONTHS DATS	IF UNDER 2
eth Pog	70 B	IRTHPLACE (STATE OR FOREIC		WHAT COUNTRY? 8	MARRIED X NEVER MARR	- 9 BALTIM	ORE CITY OR COUN		
4 3 B 8(2)	10 0	New Jersey		S.A.	DIVORCE OR OTHER INSTITUT	CED []	Montgomer	Y 12b KIND C	OF RUSINES
by the filed with	Ta	KomaPark	Wash	ington Adve	ntist Hospit	(TYPE OF W	ORK FOR MOST OF WORKING	INDUSTRY	-
filled in could be in	13a.		one or other institution county ontgomery	136 CITY OR TOWN Rockville	113d. INSIDE CITY LI YES NO	MITS? 13e STREE	TADDRESS 13 Dew Wood	d Drive	
mpletely ond 2 sh	14 F.	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAI	IDEN NAME	MIDDLE	- inc	sr ,
5 0-	160	Edwin WAS DECEASED EVER IN U	Chester S. ARMED FORCES?	Ludwig	Doro	thy	E.	Schwep w Wood D	
on and c		YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	150-20-07. 158-38-87		D. Kovac	Rockvil		
strificate by physicion on papers. emoval.		18 CAUSE OF DEATH IER PART I. DEATH WAS C	ter only ane cause per AUSED BY: EDIATE CAUSE (a)	METASTATI	^	CARCINO	MA		MATE INTERVONSET AND D
ending ending e corbin n, or r		1749		DR AS A CONSEQUENC					
that the deard by the atterior or other troum		Canditians, if ony, whi gave rise to immedia couse (a), stating t underlying cause la	he DUE TO C	DR AS A CONSEQUENC	E OF				
gne gne bur ry.	7		(c)	ONTRIBUTING TO DEA	TH BUT NOT RELATED TO T	HE TERMINAL DISEA	SE OR CONDITION C	GIVEN IN PART 10	a
ne low requor. On. hos been signered permit. The permit the prior to	CERTIFICATION	19a DATE OF OPERATION	196 COND	DITION FOR WHICH OP	RATION WAS PERFORMED	200 AU	IN CER	YES, WERE FINDING TIFYING CAUSES	NGS USED OF DEATH
PHYSICIAN: The ending physicio this certificate the buriol-transit ad Mental Hygie d or them 18 sho		21a. ACCIDENT WAS UNDERLY II OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH HOUR A	OF INJURY	YEAR		NATURE OF INJURY IN ITEM IS		
d = + e D	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY TREET, FACTORY, OFFICE, FARM	211 LOCATION		CITY OR TOWN	COUNTY	STA
TTENDING putol or ott TOR After far use as tl of Health o		220.1 certify that (1) (this sow the deceased all above, (1) (we) (did) (ve an MAY	7. 1082	, 19 , ond that in (my) (our)		red on the date and he		that (1) (we
at OR ATT the haspit AL DIRECTO detached far site Dept. of IT: If them 21		22b SIGNATURE	32m	y drief dedili.	DEGREE ATTEN	DING MEDICA	L STAFF	22c. DATE	SIGNED B78
TO HOSPITAL TO FUNERAL should be deti with the State		EUGENE		UNERT, MO	22e ADDRESS	-	NCE PH	ILIP P	RIVE
F 2	230	BURIAL, CREMATION, REMO			E OF CEMETERY OR CREM.	CI	CATION TY OR TOWN	COUNTY	STA
BP	24,5	Burial ONERAL DIRECTOR &	1		e of Heaven		ver Spring	Montg	-
(VRA 15, 4)	Ga	artner Sandis	on F.H.	Gaithersbu	amond Ave.,	別門よん	RIGISTRAR 2	0	

Section of the sectio na ben'ny tanàna And a state of the second state of the second secon A CHANGE OF THE CASE HER PARTY TO SOLVE

500 UNIV. BLVD. W. SILVER SPRING. MD. 20901

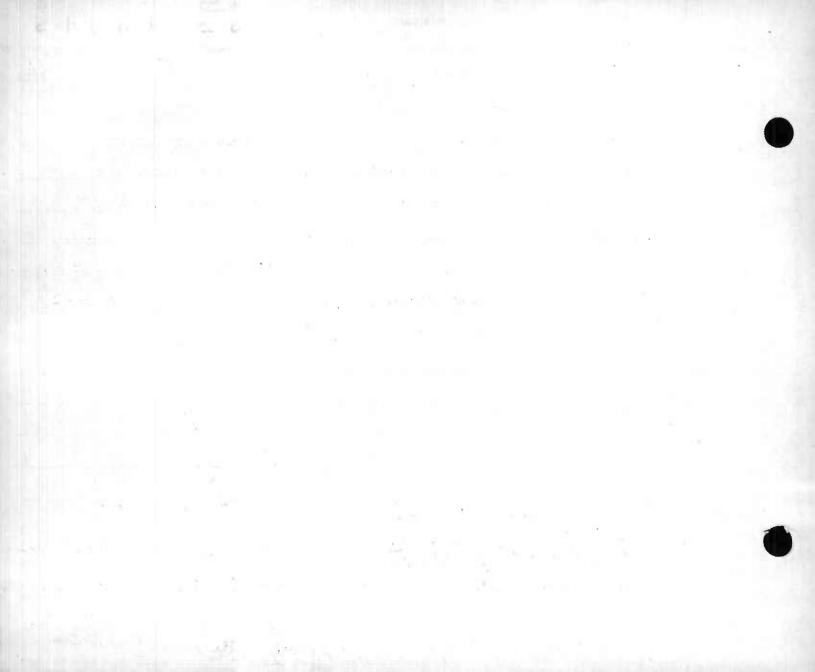
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

DHMH-16 20M (VRA 15, 4) 7/78



injury, ar ather traumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shaws any

may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE @

1	FOR - STATE REGISTRAR			DEPAR	RTMENT OF E	IEALTH AND MENTAL HYC	GIENE 8 2	40	3 3	1	6
	ECEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	26 HOU	R
	E ORPRINT)	reder	rick	В.	Kra	ft	5	- 6	82	29	AM
3 SE	X		4. RACE		5. DATE O		6. AGE (IN YEARS LAST B		IF UNDER I YEAR	IF UNDER	24 HRS
M	ale		White		De		86	YRS.	MONTHS DAIS	MIN.	
	IRTHPLACE (STATE OR F COUNTRY) ashington,		TE CITIZEN OF	WHAT COUNTR	Y? 8	D NEVER MARRIED	9 BALTIMORE CITY Montgomes	OR COUNTY		MD.	
10 0	heaton		11. NAME OF		SING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Retired		126 KIND C INDUSTRY Engin	Elect	SS OR
Ma Ma	ryland	139 CON	OTHER INSTITUTION ITY	I GIVE RESIDENCE BEF 13t. CITY OR TO Bethesd	NWO	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 4601 High				
.14 F	ATHER'S NAME FIRST Henson		uidole istophe	r Kra	ft	15 MOTHER'S MAIDEN NA FIRST	ME		Hell		
	WAS DECEASED EVER	IN U.S. AR		166 SOCIAL SE		17 INFORMANT	ADD	RESS		Md.	2081
	Yes		-1916	577-09-	3646	Anna Elliso	n 7601 Che	lton I			
	18 CAUSE OF DEATH PART I. DEATH W.	AS CAUSE	y ane cause pe DBY: E CAUSE (a)			spiratory fa			BETWEEN	lays	VAI DEATH
	Conditions, if any, gave rise to imm couse 10, stating underlying couse	ediate g the	(b)_	OR AS A CONSECUTION OF AS	nic of	struc pulmo	onary dis	•	10	yrs	
NO	PART 2 OTHER SIGN	IFICANT C	senil	ontributing t	O DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	UDITION GIVE	EN IN PART 110	D	
CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHA	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	, WERE FINDIN YING CAUSES	NGS USED OF DEAT	H?
	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEA			DAY YEAR	21c. HOW INJURY OCCUR		URY IN ITEM 18 PA	ART I OR PART 2)		
MEDICAL	21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	ILE 🗀		OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC)	21f. LOCATION STREET	CITY OR T	OWN	COUNTY	\$1	TATE
	220 L certify that (i)		al) are ded A	prll 19	2	FED 19 15 and that in (my) (our) opinion	death occurred on the c			that (1) (w	
	The SIGNATURE	Va	leli	y me	- n	DEGREE ATTENDING PHYSICIAN &	MEDICAL STA	AFF ICIAN []	220 DATE	SIGNED	2
	John M.	1	(Mint)	•		7801 Norfolk			1d. 200	14	
	BURIAL, CREMATION, I	1	23h DATE 5/7/3	82 1	Metrop	EMETERY OR CREMATORY olitan Crema	tory CITY A'les	candria	a OUN Vir	gini	a ^{re}
24 F	1331 Rock	on Wh	eeler :	Funeral Rockvi	Home,	Inc. 20852 250 1	YRET DORY REGISTRAL	235 AEGISU	Page M	Lang you	ĥ.

DHMH - 16 50M 1/81 (VRA 15, 4).

0 3 0 Single .A. Sologian Chico 50 105 Manhington, D.C. E.S.A. Contract Contract South sensyl bentitien to a minimum to bentity of none for the state of the state 1.07-1916 S77-09-1696 (com sillen vo i conditor id. send set the land to the land of the la BTL Sil . silt That of Fre Control of Inonio 7801 by discusto ov Thomas for district . middle The same and the same of the s

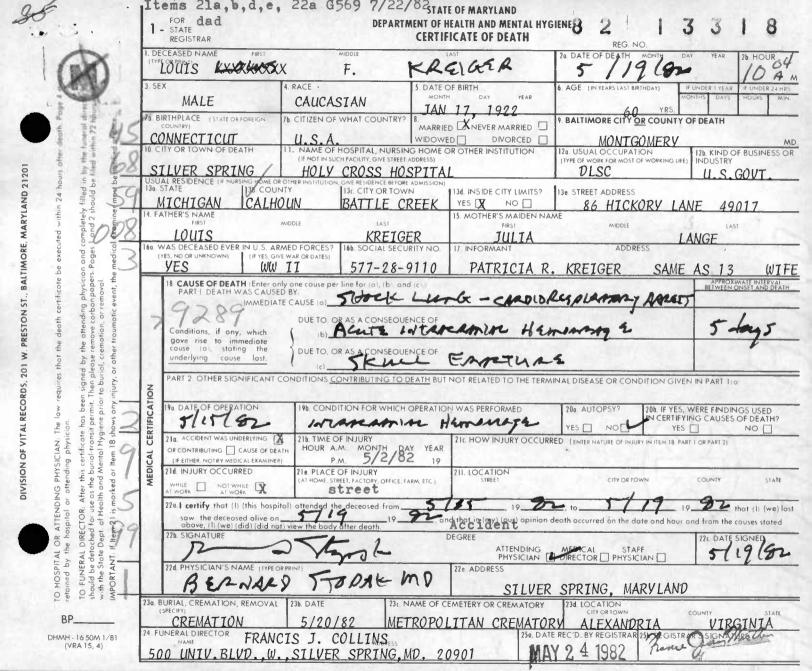
			STATE OF MARYLAND		
1-		DEPART		GIENES 2	3 3 1 7
				REG. NO.	
	and the same of th	MIDDLE	LAST		DAY YEAR 2b. HOUR
	JULIA	L.	KREIGER	5/28	8/82 8 PM
3. SE		4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNIT 4 24 HRS
		Caucasian	Dec. 5, 1896	85 YRS	
7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	The same of the sa	ITY OF DEATH
	Conn.	U.S.A.	WIDOWED DIVORCED	Montgomery	MD.
10 C	TY OR TOWN OF DEATH			(TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR
		Wheaton Manor	Care Nursing Home	Bookkeeper	Vale Laundry
	TATE NACOU	NTY 13t CITY OR TOW	EADMISSION) /N 13d INSIDE CITY LIMITS? Spring YES NO	13e STREET ADDRESS 2205 Relvede	re Blud.
14 FA	THER'S NAME	3		ME	
1	erdinand		Hulda	4.4	Wadapohl
16a V	AS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIAL SECL	The state of the s	ADDRESS	
,	NO [IF YES, GIV	577-05-	3113 Mrs. Julia D	. Rives same	
	18 CAUSE OF DEATH (Enter o	nly one couse per line for (0), (b), on	d (C)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			- RESPIRATORY	ARREST	MINS
	5712	DUE TO, OR AS A CONSEQUE	ENCE OF		1
	Conditions, if any, which	((b) 145PA	ITIC COM	NA	HOURS
	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUI	ENCE OF CC	an Hosis	YEARS
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION (GIVEN IN PART 1(0)
N O	ANEMI	A · POST	FRACTURED	HiP REP	AIR
CAT	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
Ĭ				YES NOW	YES NO
E E	21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	B, PART 1 OR PART 2)
A		AIR			
ĕ	21d INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
Σ	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.)	CITORIOWN	COUNTY
	22a.l certify that (H)(this hosp	ital) oftengled the deceased from_	5/10 19.82		. 19 8 2 , that the (we) lost
			82 , and that in (pg) (our) opinion	death occurred on the date and h	nour and from the couses stated
	22b. SIGNATURE	or view the body after deoth.	DEGREE	3 0 10 10 10	22c. DATE SIGNED
	Ha . 01	111 Man	M. O ATTENDING	MEDICAL STAFF	5/28/82
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS	_ DWEELOK [] THISICIAN []	hed bed
	HADNIA	L. DONDE	R hin Gar	GEORGIA AL	E Cilvin Spore
230 5	IRIAL CREMATION PEACOVAL		NAME OF CEMETERY OF CREMATORY	123d LOCATION	1 Silver July
(SPECIFY)		ALL OF CEMETERS OR CREMATORS	CITY OR TOWN	COUNTY STATE
			nopolitan Cremato.	TE REC'D BY REGISTRAR 256. REC	STRAR'S SIGNATURE
	NAME	as J. Collins.	-34	JUN 3 1982 A	reme of
	1. DEC(TYPE 3. SE) 70. BII 10. C1 110.	1. DECEASED NAME (TYPE OR PRINT) 3. SEX Female 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) CONN. 10 CITY OR TOWN OF DEATH SILVEY Spring DSUAL RESIDENCE (IF NURSING HOMEO 130 STATE FERDINAL 14 FATHER'S NAME FIRST FERDINAL 160 WAS DECEASED EVER IN U.S. AAR (YES, ON ON CHINKNOWN) 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIAL EXAMINER OF DEATH (IN THE PART I. DEATH WAS CAUSE OF DEATH (IN THE PART I. DEATH WAS UNDERLYING OR CONTRIBUTING COUSE (O.) STOTING THE UNDERLYING CORCONTRIBUTING COUSE (O.) STOTING THE UNDERLYING CORCONTRIBUTING COUSE (O.) STOTING CORCONTRIBUTING COUSE (O.) STOTING CORCONTRIBUTING COUSE (O.) CONTRIBUTING COUSE (O.) STOTING CORCONTRIBUTING COUSE (O.) CONTRIBUTING COUSE (O.) CONTRIBUTION COUSE (O.) CONTRIBUTING COUSE (O.) CONTRIBUTING COUSE (O.) CONTRIBUTION COUSE (O.) C	1. DECEASED NAME TYPE OR PRINT) 1. DECEASED NAME TYPE OR PRINT) 3. SEX Female Caucasian 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) CONN. 10. CITY OR TOWN OF DEATH SILVER Spring Wheaton Manor SILVER Spring Wheaton Manor Montgomery 13a, STATE MODILE FERSIONENCE (# NUMBRING-HOME OR OTHER INSTITUTION) GWE RESIDENCE BEFOR 13a, STATE MONTGOMERY 14. FATHER'S NAME FERSIONENCE (# NUMBRING-HOME OR OTHER INSTITUTION) GWE RESIDENCE BEFOR 13a, STATE MONTGOMERY 14. FATHER'S NAME FERSIONENCE (# NUMBRING-HOME OR OTHER INSTITUTION) GWE RESIDENCE BEFOR 13a, STATE MONTGOMERY 15a, STATE Wheaton Manor 15a, CITY OR TOWN MONTGOMERY 15a, CITY OR TOWN SILVER 15a, CITY OR TOWN MONTGOMERY 15a, CITY OR TOWN 15a, CITY OR TOWN MONTGOMERY 15a, CITY OR TOWN 15a, CITY OR WHAT 15a, CITY OR TOWN 15a, CITY OR WHAT 1	TOR STATE REGISTRAR 1. DECEASED NAME (IPPE OR PRINT) 1. DECEASED NAME	POR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENES REC. NO.

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physicion.

DHMH - 16

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

Fernic Courseian Course Colu. U.S.A. Struct Syming Wegater Land Care Lursing Heme Books aspet Valo Laurek Per Manual Page 1 Hallen W. Haller Ha 177-05-1113 Mas. Julia C. Civas Same as P 15



There along the service of the servi THE WORLD STATE OF ST The formal and the second of the second Access supervisions of the second of the second TE MAN BONDERS W Special Summer State of The To 261 71 1 25 TRANSPORT The state of the s 5/17/9 8 EL-1019 FEBRUMON !

1	1-	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MEN CERTIFICATE OF DEA		8 2 REG. NO	i	3 3	19	
Bon 3		CEASED NAME OFIRST	MIDDLE	LAST KRUGER		ATE OF DEATH	5 15	82	26 HOUR	R
(M)	3. SE	temale	White	5. DATE OF BIRTH	PXX	87 A	YRS.	IHS. DAYS	IF UNDER 24 HRS	_
97		Poland	b. CITIZEN OF WHAT COUNTRY? USA 1. NAME OF HOSPITAL, NURSING		RIED 🗌	TIMORE CITY OF Montgo	mery		M	
91	6	Takoma Park	UI NAME OF HOSPITAL, NURSING UI FNOT IN SUCH FACILITY, GIVE STREET AI Washington Ad THER INSTITUTION GIVE RESIDENCE BEFORE	lventist Hos		Retired	WORKING LIFE)	INDUSTRY U.S.	Govt	
ad pings	13a S	laryland Pr.	Georges Hyatts	YES XX NO	74	15 17th	. Ave	nue,	31	
164		кинотри	K1os		lathilda			Nicke	1	
e medical		/AS DECEASED EVER IN Ú.S. ARM ES. NO OR UNKNOWN) (IF YES, GIVE 1 O	LED FORCES? 16b. SOCIAL SECUR 180-12-	17 NO. 17 INFORMANT 216 Walter	Kruger-	son-Pkw	l Jef		n Dav	
event, the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		ent 2 Sto	CK_			7/	ATE INTERVAL NSET AND DEATH	_
ather troumatic		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c)							_
any injury, or	NO	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DI	EATH BUT NOT RELATED TO	THE TERMINAL D	ISE ASE OR CONE	ITION GIVEN	IN PART 1(o)		
Shows any	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH C	DPERATION WAS PERFORMI		AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES C		
18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA' P.M.		RY OCCURRED (E	nter nature of injur	Y IN ITEM 18, PART	OR PART 2)		
rked or	MEDICAL	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME: STREET, FACTORY, OFFICE, FA	RM, ETC) 211. LOCATION STREET		CITY OR TOV		COUNTY	STATE	
21 із то		22a.1 certify that (1) this hospital saw the deceased give by above, (1) (we) (did) (did get	riman 19 Y	ond that in (my) (ou	r) opinion death of	occurred on the do		nd from the co		st
JT: If hen		IN SIGNATURE	f	PHY	NDING MEL	OICAL STAF	F IAN 🗆	1220 DATES	BY ST	
IMPORTANT: IF		THE PHYSICIAN'S NAME ITHEOR	I libouit,	May 22e. ADDRESS	120 Mes	- Harss	hinell	+ 55	ms.	
₹		BURIAL, CREMATION, REMOVAL Burial	5-20-82 Me	ame of cemetery or creaning to the	Cem. I	LOCATION CITY OF TOWN East Pe	tersbu		5 ⊺ AF a	1.
80		ines/Rinaldi		S.S. Md.	72% DATE REC'	2 0 1982	Princes	1 1	The the	10

STATE OF MARYLAND

Tecome Park Washington Adventist Hosp. attract L. R. Rotte. . Hereiter , 1878-mon-regular retial alg-fi-osi users 2-19-82 Hangonico Ch. Cem. East Peceraburg. 11800 3.1. Augi

					STATE	OF MARYLA	ND		1		Sal 9	
1 -	FOR STATE REGISTRAR			DEPART				0 4	REG. NO.	3	3 2	5 0
DEC	EASED NAME	FIR51		MIDDLE	LA	ST				DAY	YEAR	2h HOUR
TYPE	Bes	SSIE	M	AV 1	CUDO	LLAF	7	1	MAY	9	82	5:30
. SEX			4 RACE	1				6 AGE (IN YEARS	LAST BIRTHDAY)			IF UNDER 24 HRS
f	emale	-	whit	е	5	25	1899	82	YF		IS DAYS	HOURS MIN.
		FOREIGN	Th CITIZEN OF	WHAT COUNTRY	? 8	□ NEVER M	ARRIED -	9. BALTIMORE	CITY OR COU	NTY OF E	HTASC	
					WIDOWED	DIV	ORCED			У		JW.
			(IF NOT IN SU	CH FACILITY, GIVE STREET	T ADDRESS)			(TYPE OF WORK FO	R MOST OF WORKIN			BUSINESS OR
3a. S	L RESIDENCE (IF NUR TATE		OTHER INSTITUTION	13c. CITY OR TO	WN ADMISSION	13d. INSIDE CI	TY LIMITS?	13e. STREET ADI	RESS		- 04	37 1.1
4 FA	THER'S NAME			Wasning		-			Cnesa	реак	e st.	• M • M •
	FIRST	٨		LAST		F	FIRST		IDDLE	3	DOME	ine
		IN U.S. AR							ADD & TATE			
(4	no or unknown)	(IF YES, GIVE	WAR OR DATES)	577-26-	-6435	Flore	nce L.	Denham	1804	Ever	est S	St.
	18 CAUSE OF DEATH	H (Enter onl	y one couse pe	line for (o), (b), a	nd (c)()	/	3000	i LIAC	24.10	> -	BETWEEN OF	NATE INTERVAL NSET AND DEATH
	17			-141er	TENSI				OCHI			
	4029		DUE TO, C	R AS A CONSEO	JENCE OF	Vise	ASE					
	gove rise to im	mediate	(b)_									
			DUE TO, C	R AS A CONSEQU	JENCE OF							
	PART 2 OTHER SIG	NIFICANT C	ONDITIONS C	ONTRIBUTING TO	DEATH BUT N	OT RELATED	TO, THE TERMI	NAL DISEASE O	R CONDITION	GIVEN IN	V PART 10	1
o O	ADVANC	CED	RHEU	MATOL	DAR	THRIT.			TRA	CT	INFE	CTION
CAT	90 DATE OF OPERA	TION	19b. COND	ITION FOR WHIC	H OPERATION	WAS PERFOR	RMED	20a AUTOPS	Y? 20b. 1F	YES, WE	RE FINDING	GS USED
TE								YES N		YES [CAUSES	NO [
	****		110110 1		DAY YEAR	21c. HOW INJ	URY OCCURR	ED (ENTER NATURE	OF INJURY IN ITEM	18 PART 1 (DR PART 2)	
Z	(IF EITHER NOTIFY MED	ICAL EXAMINER)	P		19							
WED	WHILE T NOT W	HILE			, FARM, ETC)	211. LOCATIO	N	CI	TY OR TOWN		YINUO	STATE
			ol) ottended th	ne deceased from	HIRI	221	1982		49	19.8	32 11	hot (I) (we) last
	sow the decease	ed olive on	view the body	ofter death	82, one	that in (my) (our) opinion o	leoth occurred o	n the date and	hour ond	from the co	auses stated
	226. SIGNATURE		0)	D	EGREE					22c. DATES	IGNED
	16. C.	1 la	Yck	Cerio	P			MEDICAL DIRECTOR	STAFF PHYSICIAN [5/	9/82
	224. PHYSICIAN'S N	AME (TYPE OF	PRINT)		31021 = 3	22e ADDRESS			A			
	K.C. 1	DA	1219	1210		5413	(ei	PAKL	me	1	SeT-	1eSDA
- 0	PECIFY	REMOVAL	23b. DATE					CITY OR T	OWN	cou	YTNU	STATE
1 100	Burial	9 ***	5/12/	82 W	ashing	ton Na	tional	Cemete				
110	1331 Rock	ville	Pike	Rockvil	Lnc. Le, Md.	2085	2 MAY 1	2 1982	Tame	SISTRAR'	SSIGNATU	IRE
4 6	MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION	Temale I. SEX Female II. SEX Female II. SEX Female II. SEX Female II. SEX Female III. STATE III. STATE III. STATE III. SEX SIDENCE (STATE OF OPERA III. SEX III	DECEASED NAME FIRST TYPE OR PRINT) SESSIE SEX female 1. SIRTHPLACE (STATE OR FOREIGN COUNTRY) Vash. D.C. 1. CITY OR TOWN OF DEATH ROCKVILLE, Md. SUAL RESIDENCE (IF NUR COUNTRY) 1. STATE TOWN OR OWNKNOWN (IF YES, GIVE YES, GIV	DECEASED NAME INTPEOR PRINT) SESS SEX 4 RACE MITHER OR PRINT) SESS 5 SEX 4 RACE MITHER OR PRINT) SESS 5 SEX 4 RACE Whit SESS 5 SEX 4 RACE Whit SESS 5 SEX 4 RACE Whit SESS 5 SEX 6 SE	DECEASED NAME ITYPE OR PRINT) SESS SEX I RACE # White BIRTHPLACE (STATE OR FOREIGN COUNTRY) Vash. D.C. DETTY OR TOWN OF DEATH ROCKVILLE, Md. DISUAL RESIDENCE (IF NUR COUNTY) STATE WAS BECEASED EVER IN U.S. ARMED FORCES? IN WAS DECEASED EVER IN U.S. ARMED FORCES? WAS DECEASED EVER IN U.S. ARMED FORCES? IN WAS DECEASED EVER IN U.S. ARMED FOR IN U.S. ARMED FOR IN U.S. ARMED FOR IN U.S. ARMED FOR IN U.S.	DEPARTMENT OF HE REGISTRAR DECEASED NAME (14PE OR PRINT) DECEASED NAME (15PE OR PRINT) DECEASE NAME (15PE OR PRINT) DECE	DECASED NAME PESSIE A RACE S. DATE OF BIRTH MODIE 1. AST TOPE OF PRINT) BESSIE A RACE S. DATE OF BIRTH MONTH BESSIE A RACE S. DATE OF BIRTH MONTH BOLL A RACE S. DATE OF BIRTH MONTH MODIE D. NEVER M WIDOWED D. NEVER MODIE S. DATE OF BIRTH MODIE S. DATE OF BIRTH MODIE JESSIE S. DATE OF BIRTH MODIE JESSIE JESS	STATE REGISTRAR CERTIFICATE OF DEATH	DECEASED NAME PARTICIPATE PROPRIES PARTICIPATE OF DEATH PARTICIPATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENS REG, NO. SEX BASE OF DEATH ROCKY I. STATE OF FORTH ROCKY I. STATE OF FORTH ROCKY I. STATE ROCKY I. S	DEPARTMENT OF HEALTH AND MENTAL HYGIENS REG, NO. REG, NO. REG, NO. SEX AND AND	FOR DEPARTMENT OF REALTH AND MENTAL HYGIENS REG. NO.

Expression in the second secon plo fight and red thresh kertil to poter . In . If the company a of anothers . de Chengango (C-4 Silver System, no ____ overeat to tenner i. canna 1804 Tvareat to. 3/12/2 Shanington . wisonal Cametor, Saddington, 1.0. Two Hacker chart Hone, Inc.

S.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Item 5 g567 5/28/82 gf

Hines/Rinaldi Funeral Home S.

(VRA 15, 4) 1/79

- STATE

ined S 1 / S -- Lver Suring | 612 Colesville Heat Dr. --Maryland Houthonery Sil. Spr. | 2 | 11 Coleaville Maney Dr. Alekand C.P. Kukowasis singala Kigid N/A Richard (1.9. Rullowalet Cam. nos 13a) thought to the control of the state of the s States / States / States | Sta

5130 Wisc. Ave., N.W. ash., DC.

- STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

10 restricted. cault of and allow non- bullous FORTURE MILITER VERIGIDA, 19550 Clen Mil addit, tends - / Fire the state of the state of the well and. . Ordi eno a 1 a fat a prosett

5/24/82

Hines/Rinaldi 11800 N.H.Ave.S.S.Md.

- STATE

REGISTRAR

Burial

24 FUNERAL DIRECTOR

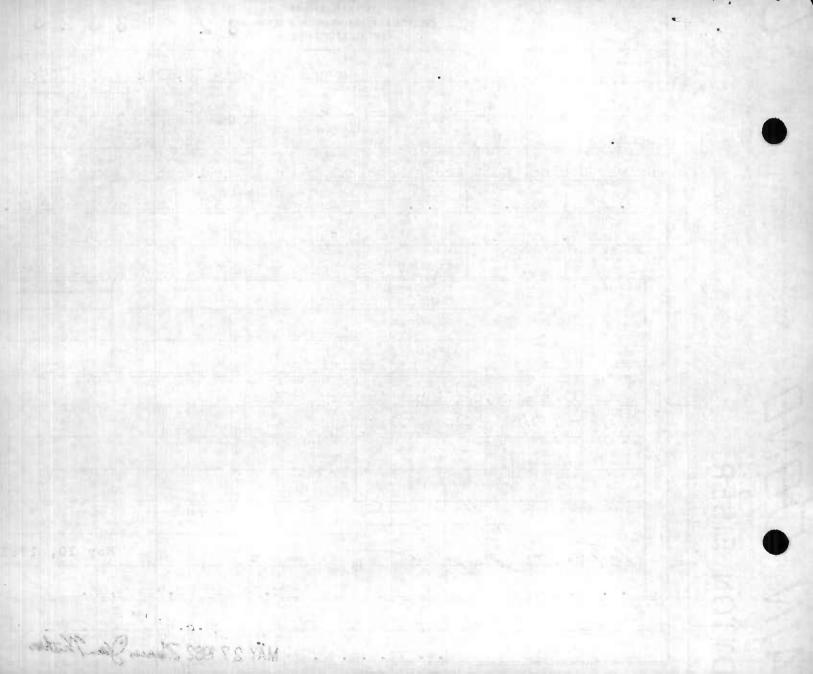
DHMH - 16 60M 1/75 (VR A 15 (4)) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

Gate of Heaven

REG. NO

Mont

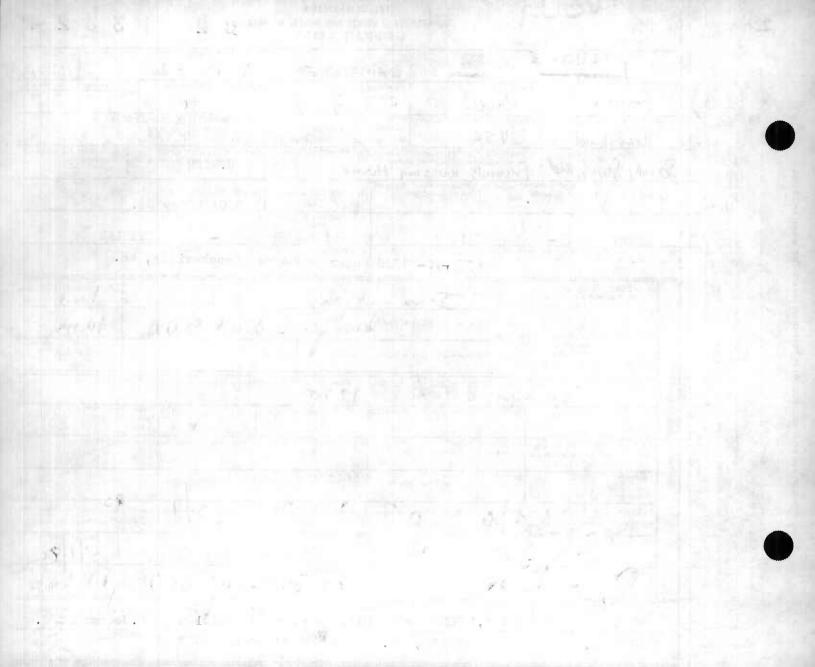


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 1/79



- STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

REGISTRAR

9. BALTIMORE CITY OR COUNTY OF DEATH MONIGOMERY 12ª USUAL OCCUPATION 17b. KIND OF BUSINESS INDUSTRY nome (TYPE OF WORK FOR MOST OF WORKING LIFE) 3705 Stewart Drive Hronopoulos ^3705 Stewart Dr. 218-52-6643-JiDemetrios S. Lambros Chevy Chase, Md. 20815 ENEBROVASCULAR SCCIOENT REBURN ARTERIOSCIEROSIS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY , and that in (my) (opinion death accurred on the date and have and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MAY 29,1982 9801 GEORGIA AVE. SILVER SPRINGS, MD. 20902 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial June 1. 82 Fort Lincoln Cemetery Brentwood, Maryland 74 FUNERAL DIRECTOR JOS. Gawler's Sons, Inc. 5130 Wisc. Av. NW Washington, D. C. 20016 25a. DAT F

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE (2)

CERTIFICATE OF DEATH

REG. NO

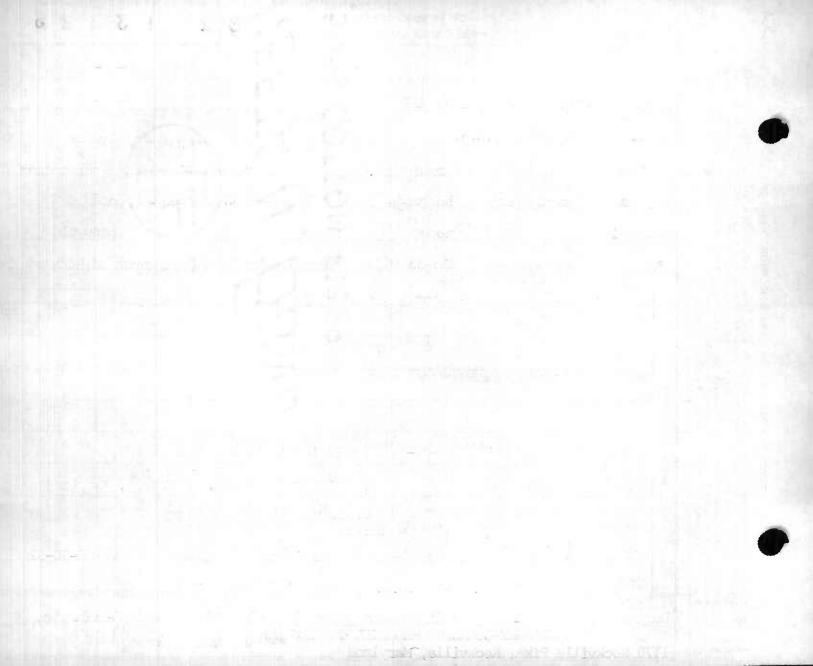
28.

00

1982

. (HTTP m) . 312 Cottebas IS, 1100 August 3 and though one charge in g no little t. The rottroury de .T. JT MD. 2001,02 V Cumility Control of the State of the Country Country of the Country Co

	1 - 5	OR TATE EGISTRAR		M		MENT OF	HEALTH	AND MENTA	OF DE	ATH	REG. NO		3 2	6
STREET.		EASED NAME OR PRINT)	FIRST		MIDDLE		ANDA	LAST		20. DATE NOF DEATH	ESTI-		9-82 ₁₉	YEAR 2b. HOUR
	3. SEX		4. RACE	S. DATE OF BIRT	Y YEAR	6. AGE (IN Y	DAY) MONT	IDER 1 YR. IF UNI	DER 24 HRS.	2c. DATE PRONOUN DEAD	CED	MONTH 5-20	9-82 19	YEAR 24 HOUR 4: 10F
1		male (ST	Cauc.	May 19,	1950 WHAT COUR		B. MARR	ED X NEVER MA	ARRIED	9. BALTIM		OR COUN	TY OF DEAT	
E	Sea	ttle, V	Vashingto	11. NAME OF H	OSPITAL, NU	JRSING HOM	WIDOW E, OR OTH	VED DIVO	FOR	MOST OF WORK	(ING LIFE)	PE OF WORK	JUNTY 1126 KIND (OR INI	MD. OF BUSINESS DUSTRY
1	Be	thesda	(IF IN NURSING HOME	5206 F	Portsmo	outh RE	d.			emaker			<u> </u>	
)		ryland		omery		y or town hesda		13d. INSIDE (114 LIMI) YESXX NO	□ 520	6 Port		h Ro	ad	
I		THER'S NAME Chard		WIDDLE	Gebo			15. MOTHER'S MA FIRST	AIDEN NAM	E	IGDLE	R	LAST LOSOWO]	ld
	16a. W	'AS DECEASEI S. NO. OR UNKNO	D EVER IN U.S. AR	RMED FORCES? E WAR OR DATES)		-52-95		Alan Lat	ndau:5	206 Pc	ADDRESS Ortsmc		Rd:Bet	thesda,Mo
	Z	gave rise to immediate couse (a) stating the <u>under-lying cause lost.</u> DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).												
1	CERTIFICATION	19a. DATE OF	OPERATION	19b. CON	NDITION FOR	R WHICH OPE	RATION V	VAS PERFORMED?				3	20. AUTO	OPSY?
3	CAL CERT		AL CAUSE WAS G OR NG CAUSE OF		OF INJURY P.M.	29 ^ 82 [°]	se se	ow MJURY OCCU Lf/inflic		R NATURE OF IN.	JURY IN ITEM 18	B PART I OR P		**
	MEDICAL	21d. INJURY O WHILE AT WORK			CE OF INJUR FACTORY, FARM, O		52 52	OG Portsi	nouth	Rd. TE	šēthes	da, 1	Maryla	and STATE
TO MEDICAL EXAMINER: THIS CRETIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEADLY CRANINER THIS CRETIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR MEDICAL EXAMINE			ify that I took char ted from; Nati	rge af the remains	described ob Acciden	participation of the last of t	Suicide X		Y.)	Inquiry etermined mo	onner .	DATE		30-82
1		EXAMINER'S (TYPE OR PR	INT) Marc	garita A		LL,M,D				Stree	et			
	23a.B	URIAL, CREMA	ATION, REMOVAL	June 2.	82 Ki	ing Day	rid Me	or crematory emorial G	arden	Falls	Churc	ch; Fa	unty	;Va.
	24 F	UNERAL DIRE	CTOR DANZ	ANSKY-GC	LDBERG	G MEMOR	RIAL (CHAPELS 3	WREG'D.	BY REGISTRA	AR 255 REC	SISTPARIS	SIGNATUR	E
Æ (5))	Ш	/U Koc	kville P	ike; Koc	KVILLE	, Mary	1300							



STATE OF MARYLAND

V 5 THE BUT V 8 Serial 15-17-82 Union Cemetery W Kurtensayilde Konck | 36. IJAGO M.E. Ava. Hings/Hitgerull Zuneral Home 5.8. 4.4. MAY 27 1982 This

S.S. Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

DHMH-16 25M

(VRA 15, 4) 1/79

6 2 6 6 1 2 8 fearte ____ suffer [Look. 25] 11 [70] When the Control of t Francisco Prancis Santina Castalant -- 523-42-5383 David Laralter-con-(Hame set 135) The second of the second Denoit Dillon, HD: | This rines | Hilling Dt., Olney H4. The state of the s

W. W. Chambers Co, 8655 Georgia Ave, SILSpg

STATE OF MARYLAND

item 22a /G568 6/24/82 ph

Set E | Control of the set of the at the street of water and the second of the se ath many conditions consume a makelill consumeral than and Atward government of the business and MEN IN THE PROPERTY OF THE PARTY OF THE PART

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DOATH REGISTRAR 1. DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED 10 SEX RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY YEAR PRONOUNCED Jans 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 5 FOR washington D. S. A. WIDOWED PE DIVORCED 201 W. 2, AND 3 TO THE FU 3. RETAIN PAGE 5 SHOULD BE FILED, V 120 USUAL OCCUPATION (TYPE OF JORK 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS Government Worker 13d. INSIDE CITY LIMITS? CITY OR TOWN 13e. STREET ADDRESS 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FORM PM 3 Scanlon. LAST Samuel W. Keys Mary MIDOLE O 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 530TNOuincy St. Bradensburg Md. ouis Miller. (Nephew) 16h SOCIAL SECURITY NO DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Louis Miller. 79-62-9271 No. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, ATION, OR REMOVAL. IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, of any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL -HEALTH AND MEI AL, CREMATION, O lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED AS 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HI PRIOR TO BURIAL, YES [buc 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CATE, WRITING THE W FORWARDED TO THE OR: PAGE 3 SHOULD I HOUR A.M. MONTH DAY OR YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 21f LOCATION EXECUTE THE CERTIFICATE, WHEN THE SPAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEAH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PL AT WORK AT WATER STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE Inspection 2 22a. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion THE CERTIFIC SHOULD BE deoth resulted from: Accident Suicide Homicide L Undetermined manner TITLE (SPECIFY) SIGNATURE XAMINER'S NAME TYPE OF PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 136 DATE 23¢. NAME OF CEMETERY OR CREMATORY 23d LOCATION Suitland Rd. P. G. Co, tate Cedar Hill Burial BP 200 DATE SEC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** Takoma Funeral Home. (VR A15 ME (5)) 15M 2/80

Weshington D. C. U. S. A. Retired Covernment Worker Ecanlor. Samuel W. Revs. 570-62-9271 Louis Miller (Tenhew) Swittland Md. P. C. Co. . Javinore In Januar langual Bt. W. D. C.

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE (3)

DE Ren Insula Funeral Home 11144 Warwick Blvds. Date REC'D. By REGISTRAR 256. REGISTRAR'S BTONATURE

Newport News, Va.

REG. NO

26 HOUR

HChilds

12h KIND OF BUSINESS OR

Brunwasser

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

months

NO [

20205

STATE

34 months

COUNTY '

4½ hrs

Self

0:50p

gey

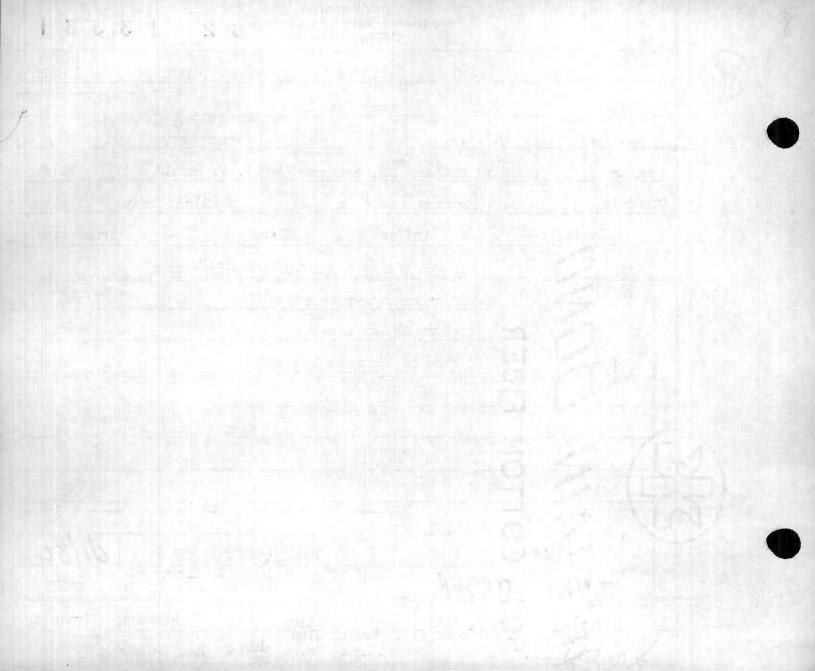
DHMH - 16 50M 1/81

(VRA 15, 4)

FOR

REGISTRAR

- STATE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 REGISTRAR DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-4. RACE 5 DATE OF BIRT IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHOAY) PRONOUNCED 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Maryland United States WIDOWED DIVORCED PAGE S E FILED, 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY 2, AND 3 TO 1 3. RETAIN PA SHOULD BE F Sandy Spring U.S. Gov't. Attorney 13e. STATE 13e STREET ADDRESS 13b. COUNTY 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME MOTHER'S MAIDEN NAME MIDDLE MIDOLE FIRST Helen. Q. Lever Franks 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) same as #13 215-50-6052 Camilla O. McRory, No APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and BETWEEN ONSET AND DEATH PART I DE ATH WAS CAUSED BY IMMEDIATE CAUSE (o. DUF TO, OR AS A C **ISEQUENCE OF** Canditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE lying cause lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 19g. DATE OF O 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES . DEPARTMENT OF PRIOR TO BU 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT WORK AT WOT WHILE TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALLIMORE, MARYLAND, 21201 27a I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my fornion Suicide X Homicide death resulted from: Natural causes Ccident Undetermined manner MEDICAL EXAMINER WER'S NAME John S. Ragers, M.D. 1919 Seminary Road Silver Spring, MD WE OR PRINT ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE June 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Cremation Metropolitan Crematory Alexandria, Virginia 1982 BP 24. FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, PA 256. DATE REC'D. BY REGISTRAR 256. **DHMH-17** (VR A15 ME (5)) Bethesda, Maryland 15M 2/80

STATE OF MARYLAND

\$ 5 5 5 L The second of th and everyther a JUN 2 1812 Brief Van James

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED UNERAL DIRECTOR. S'FOR YOUR FILES. WITHIN 72 HOURS V. PRESTON STREET, David A. Levine 5/19 19 82 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE RONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH 7g. BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED FOREIGN COUNTRY Roumania USA DIVORCED Montgomery Co. II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE)

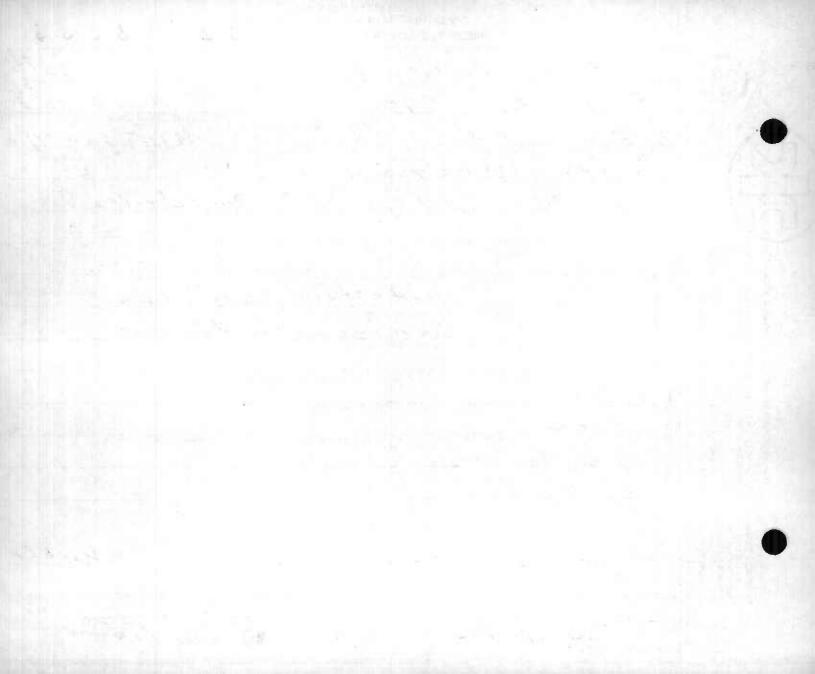
FOR MOST OF WORKING LIFE)

(Ret.) 126. KIND OF BUSINESS or industry Legal (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Bethesda, Md. Attorney Suburban Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS CITY OR TOWN MONTGOMER BETHESDA KIDG-EFIELD NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Alfred Lowenmann Anna (unknown) 7. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. ADD Bethesda, Md. (YES, YO OR UNKNOWN 293-28-1628 Dr. Arthur S. Levine: 6815 Bradgrove Cir CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ARREST AND MENTAL HYGIER IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which AKTERIOSCLEROSIS NAEF gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION DRWARDED TO THE CHIEF N R: PAGE 3 SHOULD BE USED A E STATE DEPARTMENT OF HEA D, 21201 PRIOR TO BURIAL, C 19a, DATE OF OPERATION USED / 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? NO P 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) POR HOUR A.M. MONTH DAY PROBLEM CONTRIBUTING CAUSE OF DEAT 214 INJURY OCCURRED 11e. PLACE OF INJURY 21f. LOCATION STREET, FACTORY, FARM, ETC.) NOT WHILE AT WORK HOME AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S' BALTIMORE, MARYLAND, MARYLAND 220. I certify that I took charge of the emains described above, held an Autopsy death resulted from Undetermined manner DATE SIGNED. EXAMINER'S NAME TYPE OR PRINT 23c. NAME OF CEMETERY Falls Church, Virginia 5-21-1982 | King David Mem. Garden Burial 24. FUNERAL DIRECTOR **DHMH-17** Danžansky-Goldberg Chapels; 1170 Rockville Pike rance (VR A15 ME (5) 15M 2/80

3 0 3 0 the second of th The state of the s

y of the contract of the contr transmission it Liver bring the State of the St .O.C. restunting 7170 Mag. Ave., H. . "leh., 1.0.

	-			STA	TE OF	MARYLAND				
5	11-	FOR STATE		DEPARTMENT OF	HEALTH	H AND MENTAL HY	GIENE	4 ***	60.00 40.00	y 40 °
	1	REGISTRAR	ME	DICAL EXAMIN	IER'S	CERTIFICATE OF	DEATH	REG. NO. 5	3 3	5
4	I. DE	CEASED NAME FIRST		WIDDLE		LAST	20. DATE K	(NOWN MONTH	H DAY YE	AR POLIT
	(TYI	PE OR PRINT)	n	1	1	/	OF	ESTI-	C C	545
(建建油的		-1510	De	=/ c/n a		ICOVICH	DEATH	MATED M2	1 19	2 0 M
1.30.100至	3. SE	X 4. RACE	5. DATE OF BIRTH	6. AGE (IN YI		NDER 1 YR. IF UNDER 24		MONZH	AY YE	AR 24 HOUR
No man		F 1314			141621.41	THS DAYS HOURS	MIN. PRONOUN	CED M	6.0	100
1 1887 88	7a. B	IRTHPLACE (STATE OR	7b. CITIZEN OF W	HAT COUNTRY?	To		O DALTIMA	ORE CITY OR COU	NITY OF DEATH	D M
·祝贺总量第 1/2	FC	reign country)			MARR	HED - NEVER MARRIED	D 7. BALLIM	SKE CITT OR GOOD	NIT OF DEATE	
A25.84.14			West Ind	dies	WIDOV	VED DIVORCED		runt	ckm	ery MD
お井米田	10. C	ITY OR TOWN OF DEATH		SPITAL, NURSING HOM	E, OR OTH	HER INSTITUTION	20. USUAL OCCUP.	ATION (TYPE OF WOO	126, KIND OF	BUSINESS
学生を主義の(C)		01/16/290	S ///	ACILITY, GIVE STREET ADDRESS)	/	h.	FOR MOST OF WORK	ING LIFE)	OR INDU	JSTRY
ANY DE AND 3 TO RETAIN POULD BE RECORDS	135137	AL RESIDENCE (IF IN NUR ING HOME	1 1 1	IVE RESIDENCE BEFORE ADMISS	126	17.	HOUSEWIL	E	Home	
RETAIN RETAIN COULD RECORD		MAL. 136 COUNT	VTY /	13c ATY OR TOWN	ION)	13d. INSIDE CITY LIMITS? 11.	3e. STREET ADDRES	is ,	h	
# O#		MI. M	ont.	011,00	5-	YESXX NO	9111 13:	2 /mov	1 D	VI.
60.4	14. F	ATHER'S NAME		-	0	15. MOTHER'S MAIDEN	NAME			
* 25 S	0	harles	MIDDLE	Richards		7 Thoration	MIC	DDLE	LAST	
> 40 -						Albertine	2		ackett	
SION I	[00. V	WAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECURIT		17. INFORMANT		ADDRESS 911	Balmor	cal Dr.
ISIC		No		578-74-61	72	Mrs. Shirle	ev Kibuni	a Sil. S	bor. Mi	1
2 S		18. CAUSE OF DEATH (Enter or	ly one coure per line	40- (a) (b) (c))						MATE INTERVAL
HOUR NA 18. NG W ENE, D		PART I DEATH WAS CAUSE	D BY:		258	15/10 0			SETWEENO	INSET AND DEATH
NE SERVE		I MMEDIA	TE CAUSE (o)	1000		2110 0	ZVCLA	oma		
NA FIND		1017		AS A CONSEQUENCE	OF					
D BE EXECUTED WITHIN 24 HOL ENDING" IN PENCIL IN ITEM 18 WEDICAL EXAMINES ALONG AS A B URIAL - TRANSI FERMI ALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL	-	Conditions, if any, which		CANC	220	om2 64	e Pran	ave 21+	-	
NA PAR		gove rise to immediate cause (a) stating the under-		AS A CONSEQUENCE		7700	1 22			
Z ME		lying couse last.	00210,00	AS A CONSEQUENCE	Or					
<u> </u>	ŀ		(c)							
Z S		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	AINAL DISEAS	E OR CONDITION GIVEN IN PART I	l (a),			
HEALTH ALL CREW	CERTIFICATION	Mone	2							
	AT	190 DATE OF OPERATION		TION FOR WHICH OPER	ATION W	AS PERFORMED?			20 AUTOP	SCY?
Ser A	»E	11.						9		
358-	F	21a. EXTERNAL CAUSE WAS	an The C	F to 11 cm.				70	YES L	NOTO
326~		UNDERLYING OR	21b. TIME O HOUR A.M	FINJURY A. MONTH DAY YEAI	21c. He	OW INJURY OCCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR F	1ART 2)	-54 115
358	3	CONTRIBUTING CAUSE OF								
PAGE 3 SHOULD BE USE PAGE 3 SHOULD BE USE STATE DEPARTMENT OF 2 21201 PRIOR TO BURIA	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY (ATHOME,		CATION				
O LO	X	WHILE NOT WHILE	STREET, FAC	TORY, FARM, ETC.)		STREET	CITY OR TOW	N C	OUNTY	STATE
212		AT WORK AT WORK								
D,		220 I certify that I took charge	ge of the remains de-	scribed above held as	Autap	sy , Inspection (, Inquiry	D, and in my a	ninion	
T A			The state of the s		, i				рініоп	
ZEZ		death resulted from: Notu	ral couses 🔼	Accident . Su	icide	, Homicide	Undetermined mon	ner 🔲,		
L DIRECTOR: 1, WITH THE S MARYLAND,	1	1001111	0	//		TITLE (SPECIFY)			,	1 N.
AH,		ACTUAL SIGNATURE	11	lorger	1) M	De De h	_MEDICAL EXAMI	DATE	Max	1000
A S S		70	-6	0	///	1		SIGN	eu L	
4 SUS	-	EXAMEN'S NAME								
TO FUNERAL DIRE TO FUNERAL DIRE AFTER DEATH, WITH BALTIMORE, MARY		(TYPE OR PRINT)				ADDRESS				
₩ ₩ ₩	23a.B	URIAL, CREMATION, REMOVAL	3b. DATE	23c. NAME OF CE	METERY O	R CREMATORY	23d. LOCATION	ael, Barb	UNTY	STATE
		emoval 0	May 9, 19	82			St. Mich	ael, Barb	ados 🔊	,
	24 FI	UNERAL DIRECTOR	Belle	-7400 Georg	ria A	ve, NW 25a. DATE DE	DA BY REDISTRAR	756 REGISTRAR'S		The second second
H - 17 ME (5))	MC	Guire Furl. Ser.	Inc.	Washington,	DC		DI T W 190		M.	
5M 2/80			,	rading con,	1/			1		



STATE OF MARYLAND

The state of the s AND STATE OF STATE OF

FOR

STATE OF MARYLAND

TE WALLE TOPING TO THE WALL of interior ton Matl. Company to the Arlington Mainton P. Mare'l's Sons F. B. L.A. Hyatts. Md.

16000 Annapolis Rd., Bowie, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER LYFAR

INDUSTRY

Jacob

YES T

COUNTY

STATE

STATE

17b. KIND OF BUSINESS OR

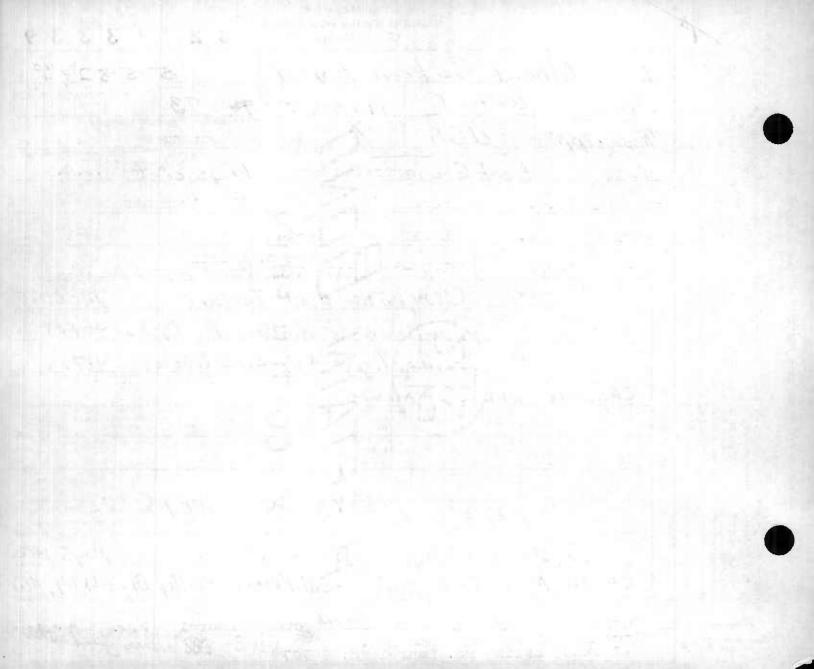
2 days

Telephone

DHMH - 16 50M 1/BI (VRA 15, 4)

- STATE

ANNERS OF THE CONTROL Per Makes I was the second to The smaller gowers . Fact, 19719 Statestate W., In. The first of the same of have there are the The water to Description And the second s The state of the s 1980 mmevolis m., ord., bright



Č	K			
0	1	1		
	Y	X	X	X

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	13	3	4	C

- STATE REGISTRAR		CERTIF	CATE OF DEATH	REG. NO	2	1501
I. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	L	AST	20. DATE OF DEATH	MONIH DAY	YEAR 26 HOUR
Julia	Irene	Lusc	iandrello	May 4, 198	32	4:25 A
3 SEX	4. RACE	5. DATE O		6 AGE (IN YEARS LAST BIR		UNDER I YEAR IF UNDER 24 HRS
Female	White	May	22, 1925 YEAR	56	YRS	THS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIET	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	DEATH
New Jersey	USA	WIDOWE	**	Montgomer	y Coun	ty,
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESSI	R OTHER INSTITUTION	12a USUAL OCCUPATI		12b. KIND OF BUSINESS OR
Bethesda	Clinical Center	(NIH)	Housewife	T WORKING (IFE)	Own Home
USUAL RESIDENCE (IF NURSING HOUSE) 130 STATE New Jersey Berg	13c. CITY OR TOW		13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 9 Harvey	Ave.	07662
14. FATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	WE		LACT
Vito nmn	Gianpetruzzi		Mary	nmn	Gianp	etruzzi
160 WAS DECEASED EVER IN U.S. AR		JRITY NO.	17 INFORMANT	ADDRE	9 Har	vey Ave
No None	146-14-	3397	Charles Luse			lle, Park. M.
PART I. DEATH WAS CAUSEI	ly one couse per line for (a), (b), on D BY E CAUSE (a) Seps is	d (c).		15 19 19 19		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUI Renal Fa	ilure	noma			2 weeks 1 year
PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO			IN AL DISEASE OR CONI		IN PART TIO
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	1750. CONDITION FOR WHICH	OPERATION	WAS PERFORMED	YESX NO		G CAUSES OF DEATH?
		AY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM \$8 PART	1 OR PART 2)
OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F	ARM, ETC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY STATE
	May 4, 19		21 , 19 82 d that in (m) (our) opinion o	, taMay 4 . death accurred on the do	19. Ite and haur or	82, that (X(we) last ad from the causes stated
22d PHYSI JAN S NAME WILL	POINTS		ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC		4 Mz 82
CARL A PA	TOW/ MD		<u>Clinical Ce</u>	stitutes of enter, Bethe	Healt esda, M	d, 20205
Burial Burial			ys Cemeter y	Saddle B	rook,	New Jersey

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR
NAME
W.W.Chambers Co, 8655 Georgia Ave, Sil. Spg, MAY 7 1982 Janus Can No.

Law Jersey U.

611V6320

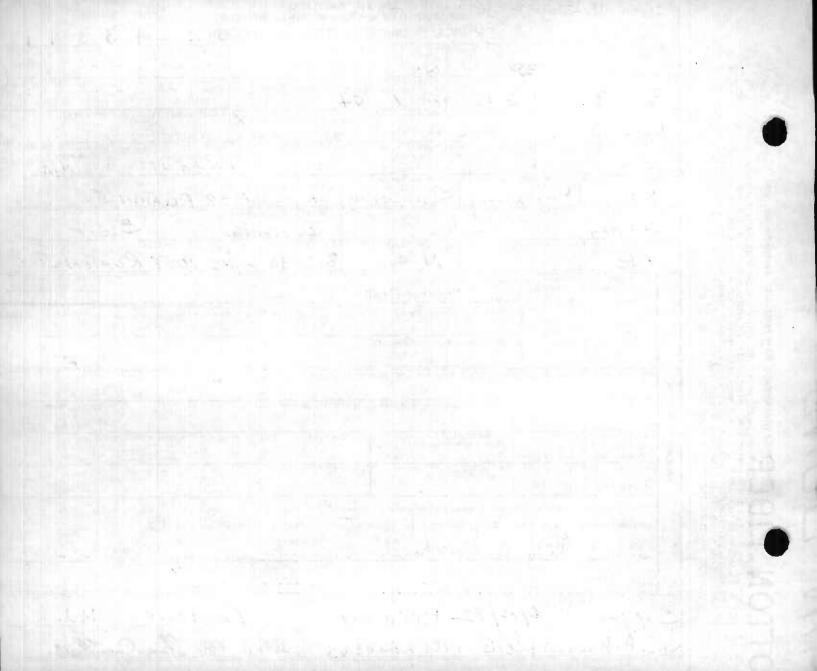
.

to no consist by no limetousi of sivey volume to the constant of sivey volume to the constant of the constant

a.il . .--1). t. :'ye ce ete y teele s•os, rey Je ey

let provide the contract of th

1-	STATE OF MARYLAND STATE OF MARYLAND STATE OF MARYLAND STATE OF MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REGISTRAR REGISTRAR REGISTRAR	7 A 1
		PAY YEAR 26 HOUR
E FIEED, WITHIN 2 HOUSE STORY STREET	S DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY MONTHS DAYS HOURS MIN PRONOUNCED DEAD 1 8 1981 YRS. 04 FOURS MIN DEAD 1 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_19 M
17 V	Montgomery Cour	
87/ SQ / UHO	I AL QUIA AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REPORE ADMISSION) FOR MOST OF WORKING LIFE) FOR MOST OF WORKING LIFE) FOR MOST OF WORKING LIFE)	OR INDUSTRY
1	134. CITY OR TOWN . 134. INSUE (ITY LIMITS? 136 STREET ADDRESS YES NO 15.58 PM ATAN ST	
160	HENRY LYRS BRINGS DIES WAS DECEASED EVER IN U.S. ARMED FORCESY 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
/-	NO N/A. Befinda Lyles 1058 RUAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO	IMMEDIATE CAUSE (o). Undetermined / DUETO, OR AS A CONSEQUENCE OF Gave rise to immediate couse (a) stating the under- lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
CERTIFICATION	196. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED?	YES NO [
MEDICAL CER	216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) WHILE ON OT WHILE AT WORK 218. TIME OF INJURY AT WORK 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) WHILE STREET, FACTORY, FARM, ETC.) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	AA
	EXAMINER'S NAME	5-27-82
3	URIAL CREMATION, REMOVAL 236 DATE 1236. NAME OF CEMETERY OR CREMATORY 1236. LOCATION COUNTY ANDORES 111 Penn Street 1236. LOCATION COUNTY ANDORES 1236. DATE REC'D. BY REGISTRAR 1256. RE	Md. STATE
5))	SA. HOOTON L. SONS 1701 LAURENS JUN 3 1982 Jun On	Mr. The

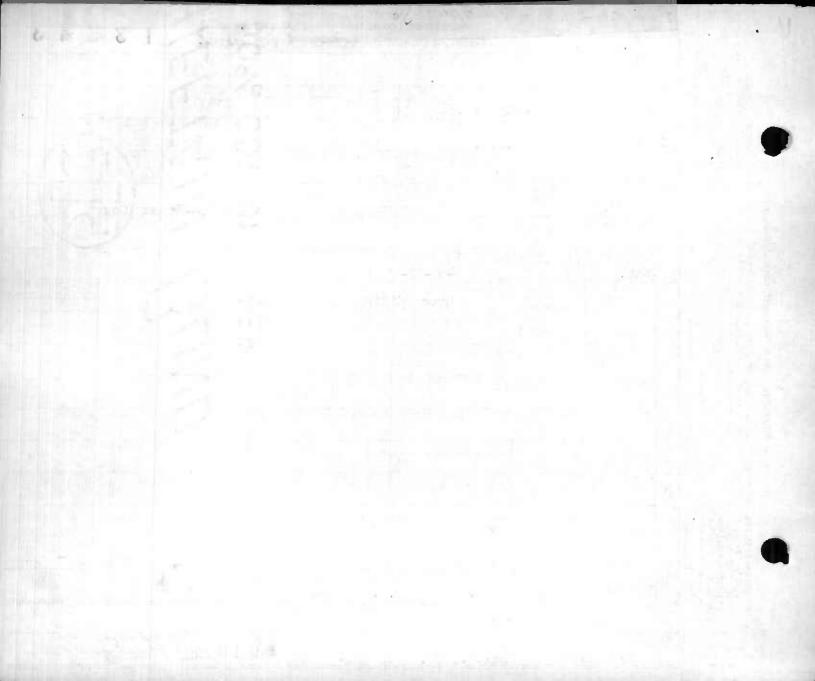


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME DATE KNOWN DAY 3至 OF EST1-5-DEATH MATED 19 3. SEX 4 WACE S. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR DATE DAY 2d HOUR 3 51 LAST BIRTHDAY PRONOUNCED -1982 Black DEAD 19 Th. CITIZEN OF WHAT COUNTRY Ear-BIRTHPLACE MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY WIDOWED DIVORCED 8 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS IN AME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE OR INDUSTRY AND 2 SHOULD BE FAULT RECORDS, 2 Sh USUAL RESIDENCE 13a. STATE 13c. CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e STREET ADDRESS 14. FATHER'S NAME MIDDLE MIDDLE FIRST Nellie Jose bh DIVISION 60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) LANDOVER APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH USED AS A BURIAL - TRANSIT PERMII OF HEALTH AND MENTAL HYGIENE, IRIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY weeker IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION above 20 AUTOPSY? 21201 PRIOR TO BURIAL, EGUYTEN YES PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNEAL DIRECTOR; PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIQR TO BU (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (ATHOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE COUNTY NOT WHILE AT WORK 22a. I certify that I taok charge of the remains described above, held an Autopsy Inspection death resulted from Notural couses Undetermined monner TITLE (SPECIFY) DATE SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION /82 Harmony Memorial Park Landover, 5/27 Burial PE Maryland BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 2617 Pennsylvania Ave. S.ED 15M2/80

SHAHOV VILLIANS DAUGHVER 1520 VILLAGE LANDOVER, HD Smilyent Di revenud sense datement pour de Tolya, A CONTRACTOR OF THE COMMISSION AND STREET AND A WAR STREET AND A STREET AND ASSESSED.

	REGISTRAR		MEI	DICAL EXAMIN		REG	5. NO.	., 0
	PECEASED NAME	FIRST		MIDDLE	LAST	20. DATE KNOWN OF ESTI-	MONTH DAY	YEAR 26 HOUR
		Ann		Κ.	Macomber	DEATH MATED		1982 N
M .	emale	4. RACE White	5. DATE OF BIRTH MONTH DAY July 17	YEAR 6 AGE (IN YEAR LAST BIRTHDA	. MOISTING DATS HOURS		5 2	1982 2d HOUR 12:1 1982 a. M
7a.		ATE OR	76. CITIZEN OF WE	IAT COUNTRY?	MARRIED NEVER MARRIED NEVER MARRIED NOVER NOVER MARRIED NOVER MARRIED NOVER NOVER NOVER NOVER NOVER NOVER NOVER NO	ARRIED	omery Coun	DEATH
	CITY OR TOWN O		11. NAME OF HOS (IF NOT IN SUCH FAI	PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS) A I denham Cou	, OR OTHER INSTITUTION	12a USUAL OCCUPATION FOR MOST OF WORKING LIFE)	(TYPE OF WORK 126 K)	IND OF BUSINESS R INDUSTRY
USI	JAL RESIDENCE STATE	(IF IN NURSING HOME O	ROTHER INSTITUTION, GIV	re residence before admission of the control of the	134 INSIDE CITY LIMIT YES \(\sqrt{NO}\)		ham Court	
14.	FATHER'S NAME FIRST		WIDDLE	LAST	15. MOTHER'S MA	AIDEN NAME MIODLE	.;	LAST
160.	WAS DECEASED (YES, NO. OR UNKNO Unkn.	DEVER IN U.S. ARA		166. SOCIAL SECURITY 480-32-250		ADDF	RESS	
NO	PART 1 DE. Condition gove ris couse (a) lying cous	IMMEDIAT Is, if any, which e to immediate stoting the underse last.	0 BY: E CAUSE (a) DUE TO, OR (b) DUE TO, OR (c)	for (a), (b), and (c).) Myocarditi AS A CONSEQUENCE C AS A CONSEQUENCE C	DF	N PART 1 to .	8611	WEEN ONSET AND DEATH
1	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OPER	ATION WAS PERFORMED?			AUTOPSY?
=	The second second	I CALLET MAC	21b. TIME OF					I ON THE
CAL CERTIFICATION			HOUR A.M	MONTH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)	
MEDICAL CERTIF		OR OR CAUSE OF D	HOUR A.M. P.M. 21e PLACE C	MONTH DAY YEAR	211. LOCATION STREET	RRED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2) COUNTY	STATE
MEDICAL	UNDERLYING CONTRIBUTIN 21d. INJURY O WHILE AT WORK 22d. I certif death resulte ACTUAL SIGNATURE EXAMINER'S 1 (TYPE OR PRIN	OR OR OF DOCCURRED NOT WHILE AT WORK y that I took charge of from: Nature	HOUR A.M P.M P.M PIE PLACEC STREET, FACT Col couses X, Co	DOI an, M.D	Autopsy XX. Inspectide I., Homicide IIIIE (SPECIFY ASSIST	ction , Inquiry , , Undetermined monner (5-2-82

15M 2/80



eth chut gantany metati William I term | Chart | Section Salven German asset Trail | Section | angetta Mani. 1994 2 2 settl greet georgine for Series The transfer of the contract o S. C. Circle terring in whiteher J. C. S. . umi , mine u tens tens menan-Diversion, Lances and Lances and Control of the Con

Gasch's Sons F.H. P.A. Hyattsville. Md.

DHMH - 16 50M 7/77 (VR A 15 (4))



2:100. May 15, 1982 St 8881, 1 modern 9 stiff afs 95 broturn! 30,10000) Own Home Sino deponded Com Meryland .C. Hystksville x mont/10 folias apirol brankfor. . 17 6 Fivesu. 1 787 f 779-40-1005 Richard M. Manefield, FM. Arlington, Va.

Sanstanale.

bo stuor

P. Gazolia Sons P.H. D. Batteville, Md.

[.i'm'

3-17-82 Ft. Lincoln Coletery

FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

maybeet to the home first of the that and bed from THE RESIDENCE OF THE SECOND STREET OF THE SECOND STREET, STREE Thereof States the Land House Sheer Spring had a land

1	1.	FOR STATE		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL H	YGIENER 2	3 3	47
		REGISTRAR EASED NAME CHIMALITY MARKET PROST	Graham	Mae	FICATE OF DEATH	REG. NO.	0 8 3	IN HOUR
)	3.56	Female	Caucasia	-	SF BIRTH 2 8 / 7	8. AGE IN THAN LAST STRINGS	PUNDER LYEAR MORNING CARS	- Control of the Cont
19	T	ETHPLACE LLATE OF PORTION OUNTRY ONNESSEE TY OF TOWN OF DEATH	n chille of what c	MARRI		BALTIMORE CITY'OR CO	ierry	CF.
108	5	lver Sprine	Holyti	853 Ho	gutze	Housewife	INDUSTRY	ome
35	M	aryland Mon		ORTOWN	YES NOTHER'S MAIDEN N	3501 Pear	Tree Co	urt
50	Ido V	John AS DECEASED EVER IN U.S.		Graham	Mary 17 INFORMANT	MOOH ADDRESS	Wa	ard
open at			GIVE WAR OR DATES			R.ADDRESS low , Telfor		3769
y, as other traumatic		Canditions, if any, which gave rise to immediate couse (o), stoting the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS AC	ONSEQUENCE OF ONSEQUENCE OF		Aulmnary ON ALE RMINAL DISEASE OR CONDITION	Apus N GIVEN IN PART I	10
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	ON WAS PERFORMED	20s AUTOPSY? 20s.	IF YES, WERE FIND CERTIFYING CAUSE YES	INGS USED S OF DEATH?
9	MEDICAL CE	21a. ACCOUNT DATE TO DESCRIPTION OF CONTRIBUTING TO CAUSE OF THE STATE	P.M. 21s PLACE OF INJUS	NTH DAY YEAR	251. HOW INJURY OCCU	IRRED (ANTES NATURE OF PARISH SWITT	(m (8 PART) OR FART ZI	
0	ME	white was well as well		nd from of	30 08	2 to 5/4	19. £ 2	ethat (I) (we) li
NT: If Nems 2		226/SIGNATURE	Den Ber	U LI	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	37	418 Z
I man	73e 8	URIAL CREMATION REMOV	1 POISK	- I'II NAME OF	8630 F	ENDN ST	Sires	gringi
-		Burial	7, 1982	Mt. We	esley Cem.	Jonesboro,	Tenness	see
81		17 Wilson Bl	Funeral H	ome gton, VA	22201	Y 1 1 1982	No.	

1 2 2 4 1

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE ()

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	3 0	"1 0
	1 DECEASED NAME FIRST (TYPE OR PRINT) HELEN	T.	MAZARELI	AST	May 13. 1982	DAY YEAR	26 HOUR PM
18	Female 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mass.	4 RACE White Tb CITIZEN OF WHAT COUN USA	5. DATE COMONTH OCTO ITRY? 8 MARRIEI WIDOWE	DE NEVER MARRIED DIVORCED DI	6 AGE (IN YEARS (ASI BRITIDAY) 7 PROTECTION 9 BALTIMORE CITY OR COUN Montgomery		IF UNDER 24 HRS. HOURS MIN.
7		OTHER INSTITUTION GIVE RESIDENCE	er, NIH		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Housewife	LIFE) INDUSTRY	home
0	14 FATHER'S NAME FIRST	tgomery Bethe	sda	13d INSIDE CITY LIMITS? YES NO	MIDDLE	Blvd.,	.T
	160 WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (16 YES. GIT YES WWII	VE WAR OR DATES)	SECURITY NO. 2-5483	Nicholas Maz	ADDRESS arella (husband)		
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	EÓ BY, TE CAUSE (0)	EQUENCE OF		bone and lung	15 y	

CERTIFICATION

morked ar Item

MPORTANT: If Item 21 is

90 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

21d INJURY OCCURRED

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

21e PLACE OF INJURY

211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

20a AUTOPSY?

214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NO

CITY OR TOWN

COUNTY STATE

sow the deceased alive an May 22b. SIGNATURE

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN D

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED

20205

22a I certify that (1) (this haspital) attended the deceased from Apr

23c NAME OF CEMETERY OR CREMATORY

S.S.

22e ADDRESS

Md.

National Institutes of Health Center, Bethesda, Md

230 BURIAL, CREMATION, REMOVAL 23b DATE 5-17-82 Cheltenham Pr. George's Mc (SPEBurial Cheltenham Cemetery 11800 Ave . 350. DATE REC'D. BY REGISTRAR 256. REGISTRAR" 24 FUNERAL DIRECTOR

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

Hines/Rinaldi Funeral Home

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

DHMH - 16 50M 1/81 (VRA 15, 4)

The second of th The state of the s and the second (use the contract of the contra There is a second of the control of SVA APRILIDE Binos/Claudict Functed book 5.0. Me. Levy 2 142 Thomas Administration injury, ar ather traumatic event, the medical

MPORTANT: If them 21 is marked at Item 18 shows any

500 Univ. Blud. W. Silver Spring.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

REGISTRAR		CERTI	FICATE OF DEATH	REG. NO.	
DECEASED NAME	FWST	WIDDLE	LAST	20. DATE OF DEATH MONTH	10 110 47
	RANCES	E. M	CAEVITT	S	2982 8°PM
3. SEX Female	4 RACE Cauca		OF BIRTH 24 9 DAY 1915	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
o BIRTHPLACE (STATE OR F	OREIGN 76. CITIZEN OF	MARRI WIDOW	ED X NEVER MARRIED DIVORCED DI	9 BALTIMORE CITY OR CO Montgomery	OUNTY OF DEATH
Silver Språk	HE NOT IN SUE	HOSPITAL, NURSING HOME HEACHTY, GIVE STREET ADDRESS! TENDROOK Dr.	OR OTHER INSTITUTION	120 USUAL OCCUPATION BEAUTICIAN	17h KIND OF BUSINESS OR
USUAL RESIDENCE (IF NURS 130 STATE Maryland	ING HOME OR OTHER INSTITUTION 136 COUNTY MONTGOMERY	131 Silver Sprik		rozog Penbroc	ok Dr.
John FIRST	MIDDLE	Corun	Edith	WE	Whip LAST
160 WAS DECEASED EVER [YES, NO OR UNKNOWN]	IN U.S. ARMED FORCES? [16 YES, GIVE WAR OR DATES]	166 SOCIAL SECURITY NO. 217-10-0943	Glen T. McDe	vitt Same as 1	13e
PART 2 OTHER SIGN 190 DATE OF OPERAT 210. ACCIDENT WAS UND	last (c)	IR AS A CONSEQUENCE OF ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	20a AUTOPSY? 20b.	. IF YES, WERE FINDINGS USED
RTIFIC				YES NO	CERTIFYING CAUSES OF DEATH? YES NO NO
OD CONTRIBUTION OF	AUSE OF DEATH HOUR A	DFINJURY .M. MONTH DAY YEAR .M. 19	THE HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART ?)
CIFETHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WH AT WORK NOT WHO AT WORK	ILE THOME ST	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
saw the_decease	(this haspital) attended the dalive on lid (phd na) view the bady	19 82	and that in (my) (aux) opinion	death accurred an the date an	nd hour and fram the causes stated
276. SIGNATURE	best J. U	ndemar	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 5/29/82
ROBER		NDEMAN	1	FRNWOOD 1	20 BETHESON
230 BURIAL, CREMATION, (SPECIFY) Cremation	REMOVAL 236 DATE May30,		CEMETERY OR CREMATORY Litian Cremato	23d LOCATION ALEXANDRIA	county Virginia
	Collins Fune	ral Home		JUN 3 1982	There gan Jath

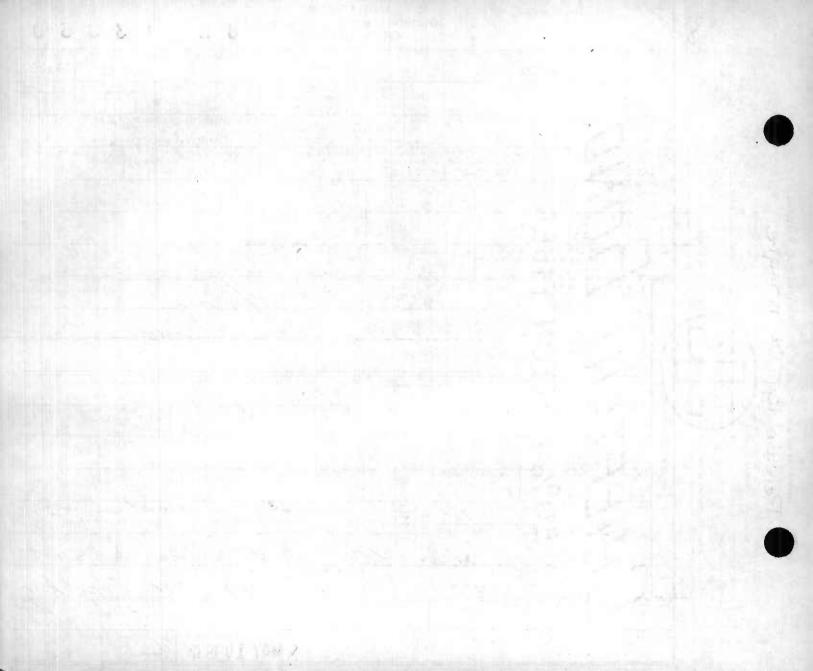
Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

The second	4- 6					
302						
	28	2161 6	011	m) venue		
	Long Control		100			inensurati
roll-Engloye	unicitums.		nv.	dnesdout and	is gr	ing roulle
	ne mil com	- X	Our 365	100312 114	inna ini'	har sixa
ELAN -		31313		mute 9		tele
91	1 10 2 2 2 2 11	Ros T. Nath	8 8590	-61-719		5
MYMYA	Distributed to	Side Change	i dayarti	y50,1938 Me		Cramation
	JUN 1382			The state of	Att. 35 m3	

8	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 2	. 1 3 3	5 0
ъ ф		CEASED NAME FIRST FRANCE	CIS Xavier	MC DONOUGH		MONTH DAY YEAR 05 82	26 HOUR 11:06P
% p	2.05		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR		M
9e 4 3	3. SE	Male	Caucasian	Oct. 17 1916		MONTHS DA	
deoth. Po		IRTHPLACE (STATE OR FOREIGN COUNTRY) EW York	7b. CITIZEN OF WHAT COUNTRY United State	MARRIED A NEVER MARRIED		R COUNTY OF DEATH	
ofter dec		ITY OR TOWN OF DEATH Bethesda		NG HOME OR OTHER INSTITUTION TADDRESS)	170 USUAL OCCUPATI	ON 12b, KINI OF WORKING LIFE) INDUST	D OF BUSINESS OR
filled in bhould be fi	13a Ma	aryland Mont	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	READMISSION) VIN 13d. INSIDE CITY LIMITS? Chase YES XX NO []	9005 Spri	inghill L	
completely 1 and 2 sh	14. E	Francis	X. McDonoug	th Anna	NAME	7	Ke11y
be execut on and co s. Pages 1		NAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GT YES WWT	VE WAR OR DATES)		ife ADDRE ita McDonou	igh Same	
hot the deoth certificate by the attending physici ass remove corbon poper I, cremotion, ar removal, other traumatic event, the		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEOL	ENDRY DY HE	in fave him	2050	ROXIMATE INTERVAL EEN ONSET AND DEATH
requires to reprine to the ple for to burion to the ple for to burion to the ple for to burion to the forth t	CERTIFICATION	PART 2. OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONI	DITION GIVEN IN PART	
The low icion.	TIFIC.	DATE OF OPERATION	The CONDITION TOR WITE	POPERATION WAS PERFORMED	YES NO X	IN CERTIFYING CAUS	
HYSICIAN: The ding physicia is certificate buriol-transit i Mental Hygie or them 18 sho		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJUI	EY IN ITEM TS, PART I OR PART	2)
ING PHYS T attendir After this os the bu Ith and Mu	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211. LOCATION STREET	CITY OR TO	wn COUNTY	STATE
or use of Heo		220.1 certify that (1) (this hasp leceased alive ar (we) (did) did no	ital) attended the deceased from 3 3 19 19 19 19 19 19 19 19 19 19 19 19 19	, 19_54 , and that ir(m) (our) opinion	, 10		
TAL OR AT y the hosp RAL DIREC deteched f deteched f it: If hem	(The SIGNATURE AS	Unter		MEDICAL STAP	FF /	ATE SIGNED
TO HOSPITAL Cretoined by the TO FUNERAL B should be determined by the Mith the Store D IMPORTANT: If		THE PHYSICIANS NAME (TYPE	B. Umhau	MD 8805	Conn. H	W. Cho.	n Chace
BP		BURIAL, CREMATION, REMOVAL ISPECIFY) Burial	11,1982 Ou		armel Grany		208 S
DHMH-16 30M 2/80 (VRA 15, 4)		IOMES P.A. BE	RT A. PUMPHRE	I I UMDICAL	DATE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGN	NATURE



	1			STATE OF MARYLAND		
124	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	8 2	3 3 5 1
-		CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 2e. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
A TABLE	(TYPE	ORPRINT) The mass	Jaconh	Mª Donaugh	5	13 82 6 PM
	3 SE	() nonat	4 RACE	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
1		male	Caucasian	MONTH DAY YEAR 9 2/ 2/	60 YR	MONTHS DAYS HOURS MIN
digital district		RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	1 BALTIMORE CITY OR COUN	
Berlin State of State	Ti	17Hz Creek fa	U.S.A.	WIDOWED DIVORCED	Mongomer	y MD.
y the f	10 C	ethesda	11. NAME OF HOSPITAL, NURSI (# NOT IN SUCH FACHBY GRY STATE	NG HOME OR OTHER INSTITUTION	124 USUAL OCCUPATION LITTE OF WORK FOR MOST OF WORKING	N/A
in by filled	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFO			777
y filled i	130.	md. 136 COUN		1/4 VES [] 4 VE []	9137 E. Reve	hill Drive
× he ×	14. F/	THER'S NAME	0	15. MOTHER'S MAIDEN NA		
complet 1 and 2 an	-	Joseph -	Thomas MEDA	nough Maran	of Elkn	Gulhhin
A _ C	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO 17 INFORMANT	ADDRESS	SAME AS 13
n and Pages, the r	20.0	arch 1942 Aug	1st 62 192-14-	5/32 Joan Lo	rmine M-Da	nough (wife)
ficate ysiciar pers. P oval. event,			ly one couse per line far (a), (b), o	nd terr		BETWEEN ONSET AND DEATH
g phy g phy remo		PART I. DEATH WAS CAUSE	E CAUSE (Q)	atry Uller		15 lunes
arbor arbor aumi		1550	DUE TO, OF AS ACONSEQU	IENCE OF	. 0	du M
atter ve cattor		Canditions, if ony, which	(1b) factor	Ferrie - Welling	dua lever	- 4 Munico
the at emove remati		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF		
equires the signed by a please of burial, continual, or injury, or		underlying cause lost	(c)			
w requi	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
is be la by we was	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
cian. ificate has b nsit permit. Hygiene prim 18 shows	E		CARGINOV	ua of the live	RYES NOTE	YES NO
CIÁN ician. inficat insit p Hygi m 18	1 8	210. ACCIDENT WAS UNDERLYING	THOUGH A MA MONITH A	214 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18, PART I OR PART 2)
HYSICL, physicis is certificated in the certificate of the certificated in the certifi	3	OR CONTRIBUTING CAUSE OF DEA	ath.	19		
	MEDICAL	21d. INJURY OCCURRED	21¢ PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DING P Ittending After th s the but th and N marked	3	AT WORK AT WORK			Alstream	
Z a a a a			talt oftended the deceased from	February 1987	- 10 Accord	
1 0 2 0 E	-		WCG 12 19	ond that in (my) (our) opinion	death occurred on the date and l	
TO HOSPITAL ON ATTERerand by the hospital or TO FUNERAL DIRECTO should be detached for us with the State Dept. of H IMPORTANT: If Item 21	1	12h SIGNATURE	7. Clus	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	13 MAY 198
NEF NEF NEF NEF STAI	1	224 PHYSICIAN'S NAME (TYPE O	RPRINT	22e ADDRESS	0.11 (A	oricology Dept
O HOSE stained be of FUNE of FUNE whould be with the beautiful the beaut		KICHARD H	· K-NOD	NATIMAL MA	val MED Leath,	Besterla MD zor
T E T & M S	23a.	BURIAL, CREMATION, REMOVAL SPECIFY)	236. DATE 23c	NAME OF CEMETERY OR CREMATORY	234. LOCATION CITY OR TOWN	COUNTY STATE
BP		BURIAL		RLINGTON NATIONAL	ARLINGTON	VIRGINIA
DHMH-16 25M	24 F	UNERAL DIRECTOR FRANCI.	S J. COLLINSDARESS	25a. DA1	TE REC'D, BY REGISTRAR 256, REC	
(VRA 15, 4) 1/79				MARYLAND 20901	MAY 17 1987 M	one Jan Marthe

5 .. . FOR

REGISTRAR

- STATE

1607 WINDHAM LANF REDDICK MAE ADDRESS SAME AS 13 APPROXIMATE INTERVAL CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 CITY OR TOWN COUNTY STATE 19 16 and that in (aur) apinion death occurred on the date and haur and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23d LOCATION ROCKVILLE BP. BURIAL PARKLAWN CEMETERY MD. 24 FUNERAL DIRECTOR FRANCIS J. COLLINS. DHMH - 16 50M 1/81 (VRA 15, 4) 500 UNIV. BLVD., W. . SILVER SPRING. MD. 20901

STATE OF MARYLAND

CERTIFICATE OF DEATH

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🛱

REG. NO

MONTH

2b HOUR

12h, KIND OF BUSINESS OR

YEAR

INDUSTRY

11. S. NAVY

6 6 6

Innelsal notantite Salar Intion end all the bon, all the New Merry on , mc.

	1 -	FOR STATE REGISTRAR			DEPART	MENT OF I	TE OF MARYLAND HEALTH AND MENTAL H FICATE OF DEATH	YGIENS 2	1 3	3	5 4
		CEASED NAME FOR PRINT)	FIRST		win M	ISN	AMAR A	20 DATE OF DEATH		YEAR 82	26 HOUR 850
H	SE		4 RACE 5. DATE OF BIRTH					6. AGE (IN YEARS LAST)		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
3	V	RTHPLACE (STATE OR F COUNTRY)	IA	U.	WHAT COUNTRY?	WIDOW	ED DIVORCED	Montgo	mery C	ounty	MD.
0	Ch	evy Chase		Bethese	da Reti	ADDRESS)	Center institution	General S	TION OF WORKING LIFE) Urgeon	Nedic	ine
5	13a. S Ma	AL RESIDENCE (# NURS STATE TYLAND ATHER'S NAME	13b COUN		GIVE RESIDENCE BEFOR 13c CITY OR TOW Potomac		13d. INSIDE CITY LIMITS? YES NO 1	11809 Pi		ting H	louse Rd.
16	-		homas		Namara		Norah	WIDDIE	RESS	Whole	
		VAS DECEASED EVER YES, NO OR UNKNOWN) O		E WAR OR DATES	79 60 32		Dr. William			# 13	
	1	18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE IMMEDIAT	y one couse p D BY: E CAUSE (a)	Irler	o pe	linevery beretie Go	erdionise	elev	APPROXIS	MATERIAL PROPERTY OF A PROPERT
		gove rise to imm cause (a), statin underlying cause	g the	DUE TO, OR AS A CONSEQUENCE OF				Disea	e.		1-
	ATION	PART 2 OTHER	12/	ONDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	rminal disease or co	ndition given	IN PART 110	
2	ERTIFICAT	190 DATE OF OPERAT	0	196. CONDITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES	NG CAUSES	
7	MEDICAL CE	216, ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEA	174	A. MONTH D	AY YEAR	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF IN	JURY IN ITEM 18, PART	1 OR PART 2)	
	MED	21d INJURY OCCURE WHILE NOT WH AT WORK AT WOR	IILE 🗍	21e. PLACE ((AT HOME, STR	OF INJURY SET, FACTORY, OFFICE, I	FARM, ETC }	211 LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
		220.1 certify that (I) saw the difference above in the con-	ed alive on	21	4 10 1	//	nd that in (my) (acre) opinion	on death occurred on the	date and hour a	nd from the	
		TO SIGNATURE	dine	() its	Vracel	mi	ATTENDING	MEDICAL ST	AFF	22c DATE	7/82

TO FUNERAL DIRECTOR: After this certificate has been sin should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior to MPORTANT: If hem 21 is marked or Item 18 shows any etained by the hospitol BP

DHMH - 16 50M 1/81 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 24,1982 May St. Gabriel's 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, P.A. Bethesda, Maryland

MD

Blaine Fitzgerald

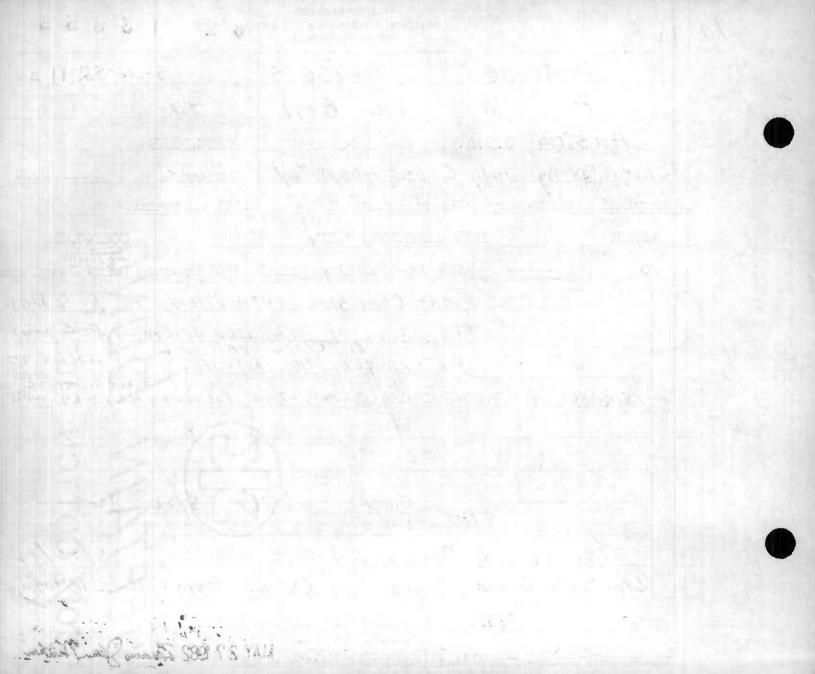
23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN Potomac Maryland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

\$218 Wisconsin Av., Bethesda, Maryland 20814

1 - STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN [3]



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DISATHA REGISTRAR DECEASED NAME 20. DATE KNOWN X MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-**JEROME** DEATH MATED MFI TZFR 5 19 82 4. RACE SEX 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 25 DATE 2d HOUR LAST BIRTHDAY 9:45 PRONOUNCED 1922 DEAD Male 5 59 YRS White 19 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE C 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED New York S. A. WIDOWED T DIVORCED Montgomery County IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION STYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY 2, AND 3 TO T 3. RETAIN PA 2 SHOULD BE F Silver Spring Rocky Gorge Reservoir Photographer 13a. STATE 1136. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. Sil. Spr., YES X NO 12001 Old Columbia Pike Montgomery VD 2 SE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Meltzer Abraham G. Sara Farber 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. 12001 old. Col. Pike (YES, NO, OR UNKNOWN) LIF YES, GIVE WAR OR DATEST 064-18-9414 Roslyn Meltzer Sil. Spr., Yes WWII APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL. Drowning complicating multiple injuries MAMEDIATE CAUSE (a)____ DUE TO OR AS A CONSEQUENCE OF anditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ED AS A I CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PAGE 3 SHOULD BE USED STATE DEPARTMENT OF HE 21201 PRIOR TO BURIAL, YES X NO 🗌 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) FORWARDED TO THE OR: PAGE 3 SHOULD HOUR A.M. MONTH DAY UNDERLYING CONTRIBUTING CAUSE OF DEATH 6:30 5-21-Driver of auto that drove off bridge into 1982 21e PLACE OF INJURY (AT HOME. 71d INJURY OCCURRED 211 LOCATION water. STREET, FACTORY, FARM, ETC.) WHILE AT WORK EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGA ATER DEATH, WITH THE STATE BALFIMORE, MARYLAND, 2120 water Rock Gorge Reservoir Montgomery 22a I certify that I toak charge of the remains described above, held on Autapsy and in my opinian Hamicide death resulted fram: A Natural causes Accident Suicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 5-22-82 SIGNATURE EXAMINER'S NAME Ann M. Dixon. M.D. 111 Penn St., Balto., Md. 21201 230.BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION STATE 5/24/82 Adelphi Burial Lebanon Cemetery BP 250. DATE REC'D, BY REGISTRAR 24 FUNES P.O. Box 7428 **DHMH-17** Pumphrey, Inc. /Sil (VR A15 ME (5)) Spr 15M 2/80

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE -STATE REGISTRAR REG. DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS DONALD MERCER 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE IN YEARS DATE LAST BIRTHDAY) March 8,1933 PRONOUNCED Male CAURS DEAD 44 YRS O BIRTHPLACE (STATE O 9. BALTIMORE CITY OR COUNT MARRIED NEVER MARRIED Alabama United States WIDOWED | DIVORCED MIGONTGOMERY CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Marine Information OR INDUSTRY ROCKUILLE Specialist J.S. Navv 130. STATE 13d. INSIDE CITYLIMITS? 13e STREET ADDRESS 136 COUNTY MONTGOMERY 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Lillie FIRST Harris Mae Mercer Rov 7 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) Nancy E. Mercer, same as #13 1957-1978 417-40-0678 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVA BETWEEN ONSET AND DEAT PART I DEATH WAS CAUSED BY MYOCARDIAL IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF ARTERIO SCIEROSUS Conditions, if ony, which gove rise to immediate couse (o) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? MENT OF HE 20 AUTOPSY? WRITING THE WOLL ARDED TO THE CH AGE 3 SHOULD BE L ATE DEPARTMENT C YES [21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED. LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CILLAPSED CONTRIBUTING TO CAUSE OF DEATH P.M. 21f LOCATION NOT WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE STA BALLIMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an Undetermined manner DATE EXAMINER'S NAME 230. BURIAL, CREMATION, REMOVAL 236. DATE Burial Arlington, Virginia Arlington National Cem. BP 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, PA 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) Rockville, Maryland 15M 2/80

12021 AND THE RESERVE OF THE PARTY OF ALL THE PROPERTY OF THE PARTY O the state of the last of the same of the s

						STATE	OF MARYLAND					
1100	1.	FOR STATE			DEPARTMI	ENT OF HI	ALTH AND MENTAL HYGI	ENE Q O		3 3	5	8
		REGISTRAR				CERTIFI	CATE OF DEATH	REG. 1	10	0 0		
	1 DE	CEASED NAME	FIRST	MIDDLE LAST IN DATE OF DEATH MONTH							2b. HOUR	?
	{1466	CATHER	JNE.	ρ.	1	214	ER	5/29/4	2		5:0	ח ח
	3 SE			4. RACE		5 DATE O		AGE THE YEAR LAST B	HTHOAT!	UNDER I YEAR	IF UNDER 2	4 185
	7	F		CAUC		MONTH	21 1896	85 8	YRS.	ONTHS DAYS	HOURS	MIN.
e co		RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF WHAT	COUNTRY?	8 MARRIED	NEVER MARRIED	BALTIMORE CITY	OR COUNTY	OF DEATH		/
(81)	101	ALT. MD		U.S.		WIDOWE	DIVORCED [BALT	MOR	1 2 M	1007	, MD.
1.0	10. C	ITY OR TOWN OF DEA	ATH	11. NAME OF HOSPIT	AL, NURSING	HOMEO	ROTHER INSTRUCTION	LZa USUAL OCCUPA	TION OF WORKING LIFE		OF BUSINES	SSOR
for 1	6	AITHERS	BURG	HERMAN		LSor	HERLYK	House		INDUSTRI		
97	₩5U,	AL RESIDENCE (IF NURS	136 COUN		IDENCE BEFORE A		136 INSIDE CITY LIMITS?	13e STREET ADDRESS	0			100
205		ryland			aithe			301 Russ	011 Az	re. (2	20877	71
ine		ATHER'S NAME					15 MOTHER'S MAIDEN NAM	E			-001	-
1850	(George		MIDDLE	otere	200	Elizabeth	MIDDLE	S	idbro	olc	
100	16a V	VAS DECEASED EVER		MED FORCES? 166 SC	CIAL SECUR		17 INFORMANT	ADD		<u>rabio</u>	OIL	
medico	,	YES NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATEST	-52-8	055	Charles H.	Cover	מו גרוני	Fave	++0	C+
- p			M (Ento: no	lly one couse per line for	77			1202)	و مند رادر		MATE INTERV	St.
ent,		PART I. DEATH W	AS CAUSE	D BY	5/1/21	cho	Direunoura	1202)		BETWEEN	day	C
ic ev		400	IMMEDIAT	TE CAUSE (o)	1100 10	C	yacimi ouce				any,	<i>U</i> -
mat mat	7	100		DUE TO, OR AS A	CONSEQUEN	ICE OF						
trac		Conditions, if any gove rise to imm	nediate	(p)								
ther		couse (a), statir underlying couse		DUE TO, OR AS A	CONSEQUEN	ICE OF						
or o				(c)								
o bu	Z	PART 2 OTHER SIGN	NIFICANTO	CONDITIONS CONTRIB	UTING TO DE	ATH BUT I	NOT RELATED TO THE TERMIN	NAL DISEASE OR COI	NDITION GIVE	N IN PART I	0	
ior y	CERTIFICATION	19a DATE OF OPERA	IAON	IRE CONDITIONS	OB WHICH O	DEBATION	I WAS PERFORMED	20a AUTOPSY?	TON IE VEC	WERE FINDI	Noc uses	
ws or	FIC.	176 DATE OF OPERA	TOTA .	198 CONDITION F	OK WHICH O	FERATION	1 WAS PERFORMED	100	IN CERTIFY	ING CAUSES	OF DEATH	
shov	RTI	21g ACCIDENT WAS UN	DEBLYING F	216. TIME OF INJUR	av.		21. HOW BLURY OCCUPATI	YES NO	YES		№ □	
18 n		OR CONTRIBUTING				YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF IN)	URY IN ITEM 18 PAI	RI I OR PART ?)		
tent	ICA	(IF EITHER NOTIFY MEDI				19				TEVIL		
W pu	MEDICAL	21d INJURY OCCUR		21e PLACE OF INJU		RM, ETC)	21f LOCATION STREET	CHICKS	DWN /	COUNTY	517	ATE
olthono		AT WORK NOT WE	RK .				16,	do	0/00			/
is m				tol) offended the diceo		3/3	18/ 19	_ to _ J/O	1100		that (I) (ye	
21		sow the decease above (ii) (we) (c	d give on del idid no	ti wew she gody after de	oth.	one.	that in (my) (our opinion de	eath occurred on the	date and hour	and from the	couses stat	red
Dept.		726 SIGNATURE	//	1/100	an/	10	EGREE			22c. DATE	SIGNED	
-		/ Vellery	1.0	Lerue	(000	u	ATTENDING PHYSICIAN	DIRECTOR PHYS	CIAN [57	25/8	2
TAN		22d PHYSICIAMS N	AME TINGO	0			The ADDRESS	1 . /.	2 01	1 1	21/	
with the State		HENRY	C.	SCRUG	GS 1	n()	5413 Cedar	hane le	retheso	see //	/d:	
3 ₹		SURIAL, CREMATION,	REMOVAL	23b. DATE		AME OF CE	METERY OR CREMATORY	23d LOCATION				
		Burial		6-2-8			ood Cem.	Parkvi	lle R	1to.	Md.	
1/81		JNERAL DIRECTOR					115ph PATE	REC'D, BY REGISTRA	R 256 REC (51)	No. of the last of		
4)	La	ssähn Fu	nera:	1 Home, I	ncoress 7	401	Belair 141.4	1982 1	anu T	A COMPANY OF THE PARTY OF THE P		

DHMH - 16 50M 1/81 (VRA 15, 4)

Lassahn Funeral Home, Inc. 7401

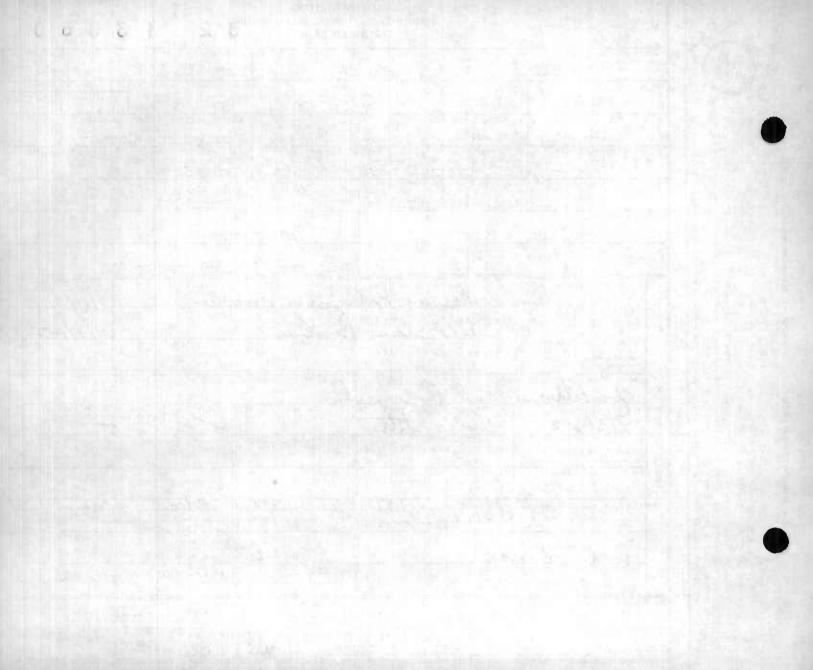
BP_

The state of the same of the state of the state of the same of the with the state of the later than

DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH 26. HOUR TYPE OR PRINTI OF ESTI-MARG ARET DEATH MATED 1900 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 IF UNDER 24 HRS 2c. DATE MONTH DAY PRONOUNCED CAUG S YRS DEAD 70. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH New York MARRIED NEVER MARRIED United States AND 3 TO THE H. 3. RETAIN PAGE 2 SHOULD BE FILED ALL RECORDS, 301 DIVORCED MONTGOMEN ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY BETHESDA Representative Christmas USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13d INSIDE CITY/CIMITS? 13e. STREET ADDRESS MONTGOME NO 🗌 AGES 1, 2, DRM PM 3. 1 AND 2 SI 1 OF WEAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Colton Hubert Wells Lucy 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Katharine Winfield, 166, SOCIAL SECURITY NO. IYES, NO. OR UNKNOWN Sister, (IF YES, GIVE WAR OR DATES! No 578-30-4685 Franklin St. Wilmington Del APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only ane couse per line for (a), (b), and (c).) CAL EXAMINER ALONG VERNIT. BURIAL-TRANSIT PERMIT. PART I DEATH WAS CAUSED BY ARREST IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which ERITONITIS gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost BriNGL-DIVERTICULOSIS E USED AS A BURI OF HEALTH AND IAL, CREMATION, C PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN FRTROCHATERIE 190. DATE OF 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20. AUTOPSY? ORWARDED TO THE CHIE R: PAGE 3 SHOULD BE USI E STATE DEPARTMENT OF 1 , 21201 PRIOR JO BURIAL, C ACTURE YES INO CERT 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21f. LOCATION AT WORK AT WORLE DIRECTOR: P PAGE 4 SHOULD TO FUNERAL DIRECTOR: 1
AFTER DEATH, WITH THE S
RALTIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held an Autopsy ond in my opinion anurol couses Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE EXAMINER'S NAME 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 16 Metropolitan Crematory Cremation BP. Alexandria 24. FUNERAL DIRECTOR Robert A. Phumphrey Funeral 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) Homes, P.A., Bethesda, Maryland 15M 7/77

STATE OF MARYLAND

4 6 6 5 F F HO 51 5 2 1 TO THE THE STATE OF THE STATE O ELL EVE VILLE MY SEED WAS TOTO IN THE BUILD CHANGE AND 251367 (4-7) -41332 THE STATE OF THE PARTIES ASSESSED TO STATE OF THE PARTIES ASSESSED. The same of the sa The state of the property of the property of the property of the The Const C. May with a Die land day and for the 18 19 8 1982 Thomas Hay That



	X			STATI	OF MARYLAND						
(C)	5	FOR STATE	DI		EALTH AND MENTAL HYO	GIENES 2	3 3 6 1				
Dr		REGISTRAR		REG. NO.							
	. m.e	1 DECEASED NAME FIRST	MIDDLE	- i,	ASI	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR				
orig	page 3	Margar	ret T.	Mo	rrissey	May 29, 1982	м				
	r, po	3 SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS				
	0.0	Female	White	Aug	. 6, 1902 EAR	79 YRS	MONITS DATS HOURS MIN.				
used	i i i	To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	INTRY? 8.	□ NEVER MARRIEDXX	9 BALTIMORE CITY OR COUNTY	OF DEATH				
ne ne	30	New York	USA		D DIVORCED	Montgomery Co	unty MD.				
d	Patified	10 CITY OR TOWN OF DEATH		 NAME OF HOSPITAL, NURSING HOME OR O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 		(TYPE OF WORK FOR MOST OF WORKING LIFE)					
and		Bethesda	8719 Burnin	ng Tree R	d., 20817	Secretary	American Elec.				
75	a per st	USUAL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDEN	CE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS					
AND	The state of the s	Maryland	Mont. Beth	esda	YES NO X	8719 Burning	Tree Rd.				
retyped MARYLAND 2	mpletely ond 2 sh	14 FATHER'S NAME FIRST	MIDDLE	AST	15. MOTHER'S MAIDEN NA	ME MIDDLE					
MA	campletely I and 2 sh	Michael		orrissey	Margaret		Murphy				
form, retyped a salimore, MARYLAND 21201	e execu	160 WAS DECEASED EVER IN U.S. AF	ISTADOO BAW BY	AL SECURITY NO.	17 INFORMANT	Bethesda,	Md.				
form TIMORE	be e	No	081-0	07-6782	Mrs. Helen	uinn, 8719 Burni	ng Tree Rd.				
BAL	ficate ohysicia poperi naval.	LIL CAUSE OF DEATH Enter OF	nly one cause per line for to .	(b , and ic			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH INTERVAL BETWEEN				
	ng ph bonpi remo	18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).]									
Z00		400 IMMEDIATE C	AUSE (a)	Comme	e Arrest						
on 356	deoth attendi ove car stion, a	Conditions, if any, which	DUE TO	Asw	\circ						
th In	the remo	gave rise to immediate	(b)	1139	0						
eath Film(that d by lease ial, c	cause (a), stating the DUE TO Cerulal Dyman									
S, 2	signe signe o bur ury, d	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY									
0 CB	requestre y input						PERFORMED?				
Orig. death on ol bivision of vital RECORDS, 201 W. PRESTON SI.	low low be	2Da. ACCIDENT WAS UNDERLYIS	NG 20b. DESCRI	BE HOW INJURY C	CCURRED. (Enter nature	of Injury In Part I or Part II of It					
D IN	The part property of the part property show	2Da. ACCIDENT WAS UNDERLYII OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL E	F DEATH XAMINER)								
<u>₹</u> α	SICIAN: TI ng physicia certificate rial-transit ental Hygi item 18 sh	20c. TIME OF INJURY Month,		OCCURRED 20e.	PLACE OF INJURY (Home, actory, street, office bldg.,	farm, 20f. (City or town)	(County) (State)				
2 to	YSICIAN: The Ing physician ing physician is certificate horial-transit physician in them 18 shay in them 18 shay	Hour a.m.	While - No	ot While	actory, street, office bldg.,	etc.)					
Sico	tend tend the b	21. I certify that (I) (this				10 75 to 5/25	1982, that (i) (we) last				
NG N	Afte as as mark	saw the deceased alive o		19 and	that death occurred at	130 M, from the causes an	d on the date stated above.				
	OR. OR. I Is r	22a. SIGNATURE				1 2	22b. DATE SIGNED				
	OR ATI	II. No	M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR DIPHYS.								
13.5		22c. PHYSICIAN'S NAME (Type) W,	TA30 M	DIRE		-19th ST NW	With De				
	HOSPITAL ned by th FUNERAL JID be definite Stote ORTANT:	- Italiae (type)	113.3.4 11	0116=	1173	14 00 21 10	20036				
	O HOSPITA eroined by TO FUNERA should be di with the Sto	yearships									
	TO HOSE retoined TO FUN should b with the IMPORT	22 0110141 005		100 000							
		230 BURIAL, CREMATION, REMOVAL			METERY OR CREMATORY	Long Island C	COUNTY STATE				
	BP	Burial 24 FUNERAL DIRECTOR	June 1,82	Calvary	Cemetery						
	DHMH - 16 50M 1/81 (VRA 15, 4)	NAME		DDRESS	30	NEG BY REGISTRAR HURREGIST	\ \/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
		DeVol Funeral Ho	ome. WashD.		7. 7	- 1002 0/104000	The state of the s				

1331 Rockville Pike Rockville, Md. 20852

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

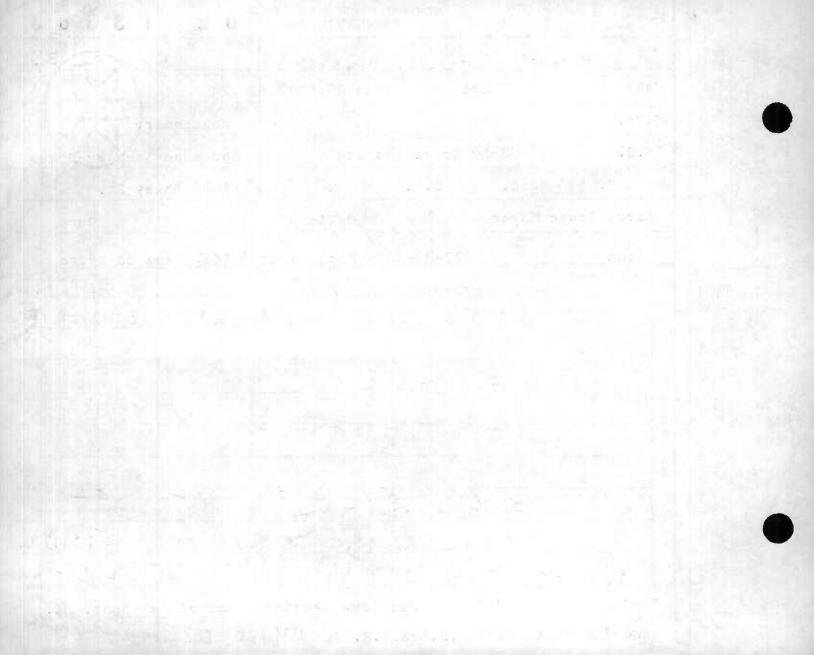
(VRA 15, 4) 1/79

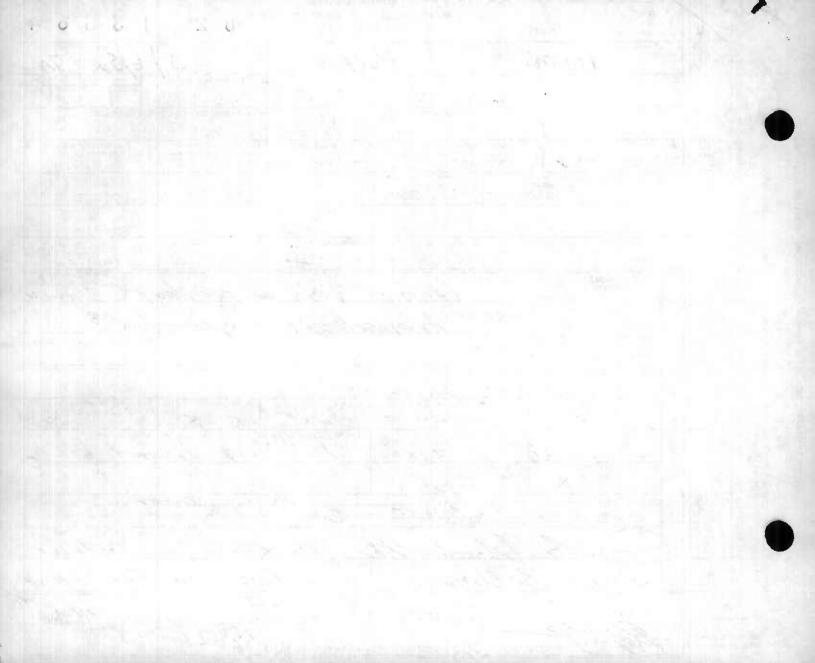
- mormoli o Viting . 37 umon - microw wills de Cobamb serviced Montgowery somewhile was 232-20-1498 Hosert C. Morrow mans and 136 oCremation / / ha netropolity demander, whemmaire, fights Tought theat Fundad one Inc. 1331 noskylla i ka sokylla, ak sokylla sik i skliviton ičči

- STATE

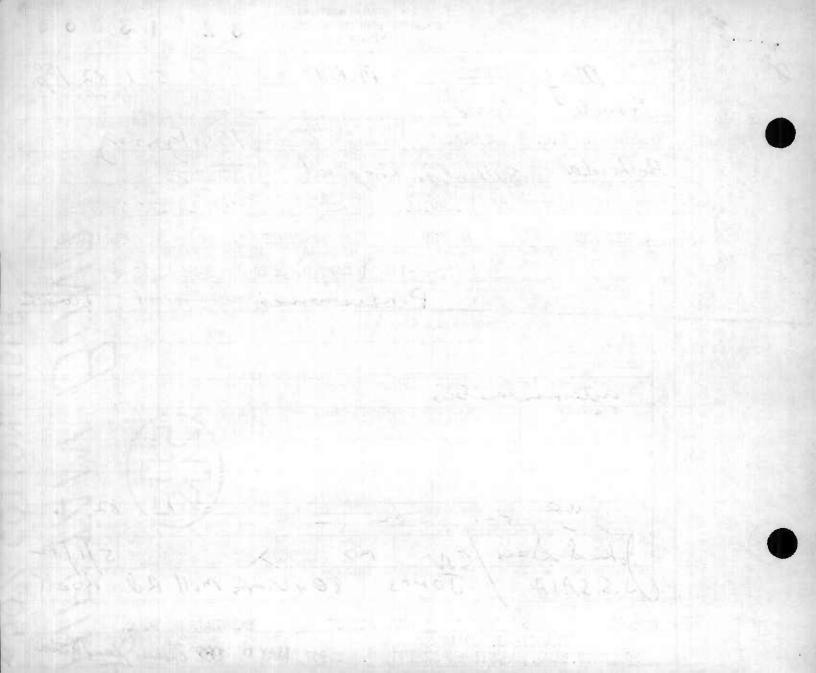
(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

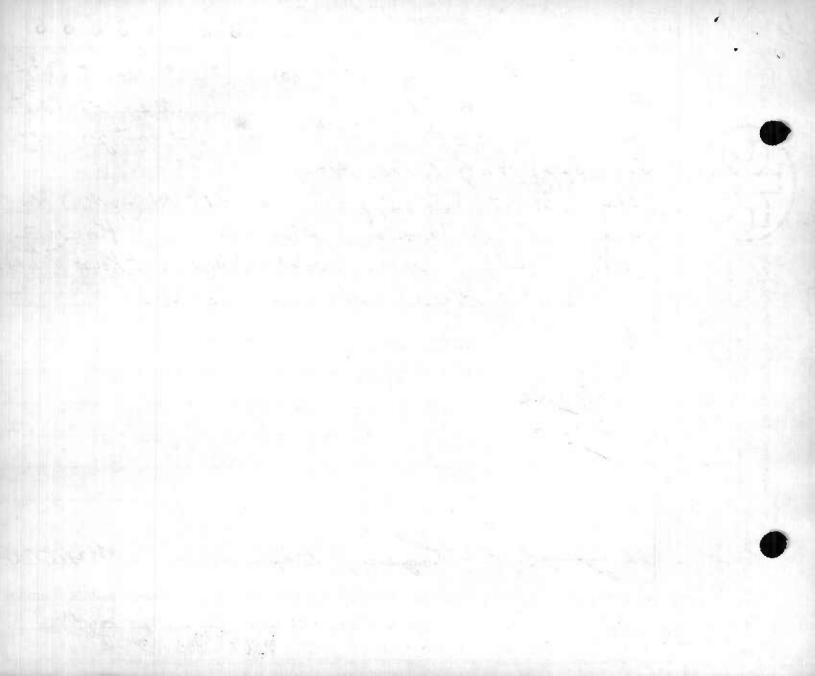




STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR I. DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) OF TO THE FUNERAL DIRECTOR A PAGE 5 FOR YOUR HILES BE FILED, WITHIN 72 HOURS OS, 201 W. PRESTON STREET DEATH MATED 3. SEX 4. RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 20 DATE YEAR LAST BIRTHDAY) PRONOUNCED 8 DEAD (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH 7a, BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COU WIDOWED DIVORCED ome HIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 USED AS A BURIAL-TRANSIT PROMIT PAGE 5 NAND 2 SHOULD BE FILED, OF HEALTH AND MENTAL HYGENE, DIVISION OF WITAL RECORDS, 201 WILL, CREMATION, OR REMOVAL. ID. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORL) 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Housewife OR INDUSTRY USUAL RESIDENCE (IF IN NUR OR OTHER INSTITUTION SIVE RESIDENCE BEFORE ADMISSIONS 13a. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 14 FATHER'S NAME MIDOLE MIDDLE INFORMAN ASSO EVER IN U.S. ARMED FORCES? ADDRESS 16b. SOCIAL SECURITY NO 1985, NO. OR UNK (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES AND THE CERTIFICATE, WRITING THE WOI PAGE 4 SHOULD BE FORWARDED TO THE CITY FOR PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT (BALTIMORE, MARYLAND, 21201 processor.) 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 10 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY AT WORK NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion decith resulted from Netural causes Suicide Homicide L Undetermined monner TITLE (SPECIFY) SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) **ADDRESS** 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 5-18-82 Burial Judean Mem. Gardens BP Olnev 24. FUNERAL DIRECTOR Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR **DHMH - 17** Damzansky-Goldberg Chapels; 1170 Rockville (VR A15 ME (5)) 15M 2/80



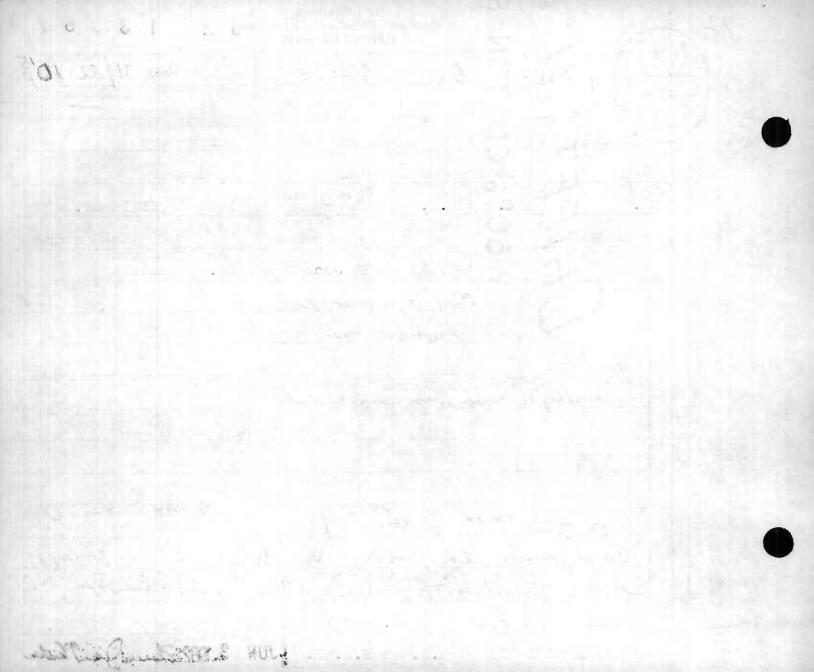
STATE OF MARYLAND

BP

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

11800 N.H. Ave S.S. Md. Hines/Rinaldi



none

NAMEOlin L. Molesworth, P. Appages Damascus, Md.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE (*)

FOR STATE

DHMH-16 30M 2/80

(VRA 15, 4)

Carl, less . De notine 219 autocaeccio ... notes to the transfer of the first to th -arry included, ... 10.1 - 10.1 - 10.0 % to two, attliberables - control on the section of the section of the section.

20 20 20 20 20 20 20 20 20 20 20 20 20 2		EASED NAME OR PRINT)	Ric	hard	Ernest	N	euenhahn	20. DATE OF DEATH	ESTI- XX	MONTH 5	11 ₁₉ 8	1
DIRECTIC DIRECTIC DON'S FILE DON'S TREE	3. SEX	le l	white	Jan. 28	1937 45 Y	ARS IF UND AYI MONTHS RS.		MIN: PRONOU DEA	NCED	MONTH 5	11 ₁₉ 8	AR 32
SSUPERIOR TO THE PROPERTY OF T	Was	THPLACE (STATE	D.C.	U.S.A		WIDOWE		CED 19. BALTII			ty of death County	
TC. 2017		Takoma P	ark	"Washi	ospital, nursing home ington Advent	tist H		Brickma	JPATION (TYPE) ORKING LIFE) SON .	PE OF WORK	Constru	BUSI STRY UC
ANY D AND 3 RETAIN RECORD	Illa S	L RESIDENCE (IF IN ATE Lryland	M38 COUN		13c. CITY OR TOWN Hyattsvil	13	3d. INSIDE CITY LIMITS? YES NO	13e 2500 0	ueens (Chape	1 Road	
641H # 3 PM 3 AND 2 SE H # 1		FATHER'S NAME FIRST		MIDDLE E	Neuenhahn		Daisy	DEN NAME M.	M. Newkirk ADDRESS			
IRS AFTER DI S. GIVE PAGE WITH FORM WITH FORM PAGES 1A DIVISION O	16a. W	AS DECEASED EVENOWN)	ER IN U.S. AR	WED FORCES? WAR OR DATES}	166 SOCIAL SECURITY NO. 578 48 6536		17. INFORMANT Daisy M. Neuenhahn					
ECUTED WITHIN 24 HOU 5" IN PENCIL IN ITEM 18 14. EXAMINER ALONG V URIAL - TRANSIT REPART IND MENTAL HYGENE. INDN, OR REMOVAL		Conditions, gave rise cause (a) sta lying cause la	if any, which to immediate ting the <u>under-</u> ast.	(b)	ardiomyopath or as a consequence Etiology or as a consequence	OF OF			of Unk	nown		
JID BE EXECUTED WITHIN "PENDING" IN PENCIL IN FEMBICAL EXAMINER A PAS AS A BURIAL - TRAINFI HEALTH AND MENTAL HY. CREMATION, OR REMO	ICATION	Conditions, gave rise cause (a) sta lying cause la	if chy, which to immediate ting the under- ost.	CONTRIBUTING TO DEA	Etiology	OF OF MINAL DISEASE D	OR CONDITION GIVEN IN P		of Unk	nown	20 AUTOP	NSET AN
SHOULD BE EXECUTED WITHIN YORD "PENDING" IN PENCIL IN CHIEF MEDICAL EXAMINER AS BE USED AS A BURIAL - TRANSIT OF HEALTH AND MENTAL HABBURIAL, CREMATION, OR REMO	AL CERTIFICATION	Conditions. gave rise cause (a) sta lying cause la PART ? OTHER SIGNIFI 19a. DATE OF OP 71a. EXTERNAL C UNDERLYING	if any, which to immediate thing the under- ast. CANT CONDITIONS ERATION AUSE WAS	CONTRIBUTING TO DEA	OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF THE BUT NOT RELATED TO THE TERM DITION FOR WHICH OPER OF INJURY L.M. MONTH DAY YEAR	OF MINAL DISEASE D RATION WA:	OR CONDITION GIVEN IN P				70 AUTOP	SY?
RTHICATE SHOULD BE EXECUTED WITHIN NG THE WORD "PENDING" IN PENCIL IN D TO THE CHIEF MEDICAL EXAMINER A SHOULD BE USED AS A BURIAL - TRANSIT SHOULD BE USED AS A BURIAL - TRANSIT PRARMENT OF HEALTH AND MENTAL HAPPING TO BURIAL, CREMATION, OR REMORED.	MEDICAL CERTIFICATION	Conditions. gave rise cause (a) sta lying cause la lying cause la PART ? OTHER SIGNIFI 19a. DATE OF OP 71a. EXTERNAL C UNDERLYING CONTRIBUTING 71d. INJURY OCC.	if any, which to immediate thing the under- ast. CANT CONDITIONS ERATION AUSE WAS OR CAUSE OF I	CONTRIBUTING TO DEA 196 CONT 216. TIME 4 HORA DEATH P 71e PLAC	OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF THE BUT NOT RELATED TO THE TERM DITION FOR WHICH OPER OF INJURY	OF MINAL DISEASE D RATION WA:	OR CONDITION GIVEN IN P S PERFORMED? W INJURY OCCURR ATION	ART 1 o	njury in item 18	I PART I OR PA	70 AUTOP	SY?
ER: THIS CERTFICATE SHOULD BE EXECUTED WITHIN ATE, WRITING THE WORD "PENDING" IN PENCIL IN CORWARDED TO THE CHIEF MEDICAL EXAMINER A DR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSITE STATE DEPARTMENT OF HEALTH AND MENTAL HAD, 21201 PRIOR TO BURIAL, CREMATION, OR REMO	MEDICAL CERTIFICATION	Conditions. gave rise cause (a) sta lying cause le PART ? OTHER SIGNIFI 19a. DATE OF OP 71a. EXTERNAL C UNDERLYING CONTRIBUTING 71d INJURY OCC WHILE AT WORK A	INTERPOLATIONS AUSE WAS OR CAUSE OF FURNISHED OT WHILE T WORK	CONTRIBUTING TO DEA CONTRIBUTING TO DEA 196 CONTRIBUTING TO DEA 196 CONTRIBUTING TO DEA 196 CONTRIBUTING TO DEA 216 TIME HOUR A 216 PLAC STREET, F	DR AS A CONSEQUENCE OF THE BUT NOT RELATED TO THE TERM DITION FOR WHICH OPER OF INJURY L.M. MONTH DAY YEAR M.M. MONTH DAY YEAR ACTORY, FARM, ETC.)	OF OF MINAL DISEASE D RATION WA: 21c. HOV 21f. LOCA	S PERFORMED? W INJURY OCCURR ATION Hamicide TITLE (SPECIFY)	ART 1 e) ED (ENTER NATURE OF 1 CITY OR T. Undetermined in	OWN anner .,	I PART I OR PA	ZD AUTOP YES (X	SY?
THIS CERTIFICATE SHOULD BE EXECUTED WITHIN , WRITING THE WORD "PENDING" IN PENCIL IN WARDED TO THE CHIEF MEDICAL EXAMINER A PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT AT DEPARTMENT OF HEALTH AND MENTAL HAD REPORTED PRIOR TO BURIAL, CREMATION, OR REMO		Conditions. gave rise cause (a) sta lying cause le lying cause le liquid cause la liquid cause	MMEDIAN MALE MAL	CONTRIBUTING TO DEA DEATH The proof of the remains of the remain	DR AS A CONSEQUENCE OF THE BUT NOT RELATED TO THE TERM DITION FOR WHICH OPER OF INJURY A.M. MONTH DAY YEAR M.M. 19 E OF INJURY (ATHOME, ACTORY, FARM, ETC.) described above, held an Acciden	OF OF MINAL DISEASE D RATION WA: 21c. HOV 21f. LOCA STR Autopsy Jicide M. D. Al	S PERFORMED? WINJURY OCCURR ATION EET Hamicide TITLE (SPECIFY) D. ASSISTAL	ART 1 e) ED (ENTER NATURE OF) CITY OR T.	NJURY IN ITEM 18 OWN ,	Ond in my op	28 AUTOP YES X	sy?

religions and constraint

2500 (seeing Chapel Board

2020

Townstall to alkadraid antheath management

Effection of Literature Constant F.C. Maryland

Michala.

of Freedowll

. on boning

final card treatment

" I ne soldes!

J. mellymed

Romney,

FOR

- STATE

(VRA 15, 4)

Shaffer Funeral Home.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

The state of the same of the s the same of the first owner at The first part of the first of the first property of the first part of the first par

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME KNOWN X Ze. DATE 26. HOUR LITYPE OR PRINTS OF ESTI-5-28-82. NGUYEN PHI HUNG DEATH MATED 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR DATE OF BIRTH IF UNDER 24 HRS 3 SEX DATE 5-28-82 Vietna-PRONOLINCED 2-3-42 DEAD mese Male Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Montgomery County Vietnam U.S.A. DIVORCED WIDOWED 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION IL CITY OR TOWN OF DEATH OR INDUSTRY I.B.M Fernwood Road Employee IRM Blda. Silver Spring YES ... 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Maryland 13b. COUNTY 1000 Good Hope Drive Montgomery ND 2 SH 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME GES 1, MIDDLE LAST MIDDLE LAST AND Thi Do Huven Nhiem Van Nguyen 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Phuong Thi Dang-wife-Silver DIVISION (YES, NO. OR UNKNOWN) PAGES 586-40-8019 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) THE CHIEF MEDICAL EXAMINER ALONG W ILD BE USED AS A BURAL—TRANSIT PERMIT, MENTOF HEALTH AND MENTAL HYGIENE, D TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Shotgun wound of back of chest DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (e) CERTIFICATION 198. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [V NO [COMEDICAL EX WANNER: THIS CERTIFICATE SHEED THE WOST PAGE A SHOULD BE FORWARDED TO THE CITY OF UNEXT OF UNEXT OF UNEXT OF THE STATE DEPARTMENT OF THE 210. EXTERNAL CAUSE WAS TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING subject shot MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 71f LOCATION "Bethesda, Marytand Fernwood Road STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE IBM blda AT WORK X X AT WORK X 22a I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my opinion Homicide X deoth resulted from: Undetermined manner TITLE (SPECIFY) 5-29-82 ACTUAL Assistant SIGNATURE 111 Penn Street EXAMINER'S NAME Hormez R. Guard, M.D. TYPE OR PRINT 23d. LOCATION 23c, NAME OF CEMETERY OR CREMATORY 23a.BURIAL, CREMATION, REMOVAL 23b. DATE Arlington, Virginia Columbia Gardens 6-1-82 250. DATE REC'D. BY REGISTRAR 154. HECHSTRAP'S SHEMATURE 24 FUNERAL DIRECTO IYKZ **DHMH - 17** Colonial Funeral Home-Falls Church, Va. (VR A15 ME (5)) 20M 4/82

J. Pictuan U.Svi. Esployed .W. E. B.W. erreland Nontropper Silver Spring | 1000 Good Sone Daire Iday novel t agreem any makell avg book long reader the ground store of the grade the 6-1-81 Columbia Cardons Arlington, Virginia

la type

(10	XX) X	1-	OR STATE	DI			MENTAL HYGIEN	6	1 3	3 7	2
1	/1		REGISTRAR EASED NAME FIRST	Owen	MIDDLE Smoot	ER'S CERTIF		REG.	NO. MONTH	DAY YEAR	12b. HOUR
	WWW.W.E		ORPRINT)		16 OT	NIBL		OF ESTI-	0 5	10 10 82	A
	CTOS	3. SE>	RACE.	5. DATE OF BIRTH		ARS IF UNDER 1 YE	R. IF UNDER 24 HRS.	C DATE	HINOM	DAY YEAR	2d. HOUR
	AMAGES		MALE THUC	/ 30	28 54 Y		HOURS MIN.	PRONOUNCED	51	10 1987	6 AM
	自翻翻入竹	7a. Bi	RTHPLACE (STATE OR SEIGN COUNTRY)	76. CITIZEN OF WHA		8. MARRIED	VEVER MARRIED	9. BALTIMORE CIT	_	OF DEATH	
	THE STATE OF THE S		shington, D.C.	U.S.A.	ITAL, NURSING HOM	WIDOWED .	DIVORCED 120 USU	MONT G		b. KIND OF BU	MD.
	JOSE BATT	-		(IF NOT IN SUCH FACE		Wehawken	FORA	OST OF WORKING LIFE)	7	OR INDUSTI	RY
	3 TOEL	USU	E THES DA	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISS	ON)		ET ADDRESS Wel		, o . o . o . o . o . o . o . o . o . o	3001115
21201	AND	13a. S		160 MERY	BETHESD		NO 130 STRI	o 9 - H	KHAMKE	EAL RY	
MD. 2	TH. III. 2. M. 3.		THER'S NAME	MIDDLE	LAST	15. MOT	THER'S MAIDEN NAME PIRST ella	MIDDLE	4	LAST	
RE, A	DEAT OF AND	_	Carlyle AS DECEASED EVER IN U.S. A		16b. SOCIAL SECURIT		ella DRMANT	ADDRI	ESS 5209 V	Smoot	n Dand
BALTIMORE,	FTER D FORM FORM ES 1 A	(Y	S NO OBTINISHOWN THE VEC CO	e war or dates) a; Viet Nam			zabeth B. N		Bethes		
BALT	URS A WITH WITH DIVISI		18 CAUSE OF DEATH (Enter of			7 1211	Zabecii D. I	TOTE?	Deones	APPROXIMATE	INTERVAL
ST.,	M 18 NG NG NE, I		PART I DEATH WAS CAUS	ED BY: ATE CAUSE (a).	ASPA	LYXIA				ACU'	
TON	A ITE A ITE Y G IE		9530		S A CONSEQUENCE	OF					
PRES	CIL INER		Canditians, if any, whic gave rise to immediat	te / (b)		VGING				Bes	F
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST.,	EXAM EXAM IAL-TR MENI	P	cause (o) stating the <u>unde</u> lying cause last.	DUE TO, OR A	AS A CONSÉQUENCE	OF PRESSIO	<i>a</i> 1)		1	15	YVr
05, 3(CAL EX CAL EX CAL EX AND M AND M	13	PART 2 DINER SIGNIFICANT CONDITION	VS CONTRIRUTING TO DEATH BE		INAL DISEASE OR CONDI	TIDN GIVEN IN PART 1 (a).			,,,,	
COR	AEDINAEDINAEDINAEDINAEDINAEDINAEDINAEDIN	NO O		-							
2	SHE BRE	S	190. DATE OF OPERATION	19b. CONDITI	ON FOR WHICH OPE	RATION WAS PERF	ORMED?			20. AUTOPSY	
1	SE S	CERTIFICATION	210. EXTERNAL CAUSE WAS	21b. TIME OF	INTERP	Tale HOW IN III	IRY OCCURRED (ENTER!	LATURE OF INJURY IN ITEM	A 18 PART 1 OR PART	YES 🗆	NO
NON	THEICATE S THE WO TO THE HOULD BE ARTMENT		UNDERLYING DOR	HOUR A.M.	MONTH DAY YEA	R	IN GAR.			-,	
ISIO	SHA	MEDICAL	CONTRIBUTING CAUSE OF	2le PIACE O	FINJURY (AT HOME,	211. LOCATION	IN OHE			ia.	*****
VIO	WRITIN WARDE VARDE AGE 3 ATE DI	3	WHILE NOT WHILE AT WORK	STREET, FACTO	PRY, FARM, ETC.	5 Log U	GEHAWKEN/	D BETHE	SDA MI	no.	MB
	R: TH TE, V ORW ORW R: PA E STA		22a. I certify that I taak cha	irge of the remains desc	ribed abave, held an	Autapsy ,	Inspection .	Inquiry ,	and in my opin		
	AINE FECA BE F CTO H THI		death resulted fram:	aral couses	Accident , S	vicide Ha	micide Undet	ermined manner],		0.000
	CERT CERT ULD DIRE WIT		ACTUAL	Olle	LUIA	TITLE	(SPECIFY)		DATE	-/w	100
	DICAL TE THE THE THE NERAL DEATH, ORE, M		SIGNATUR	ecentique	gur	M.D	MED	ICAL EXAMINER	SIGNED	208	14
	W D W B S OF		EXAMINER'S NAME	was C/	MAYLE	ADDRES	8200WBCO	NSON KNOW	Beth	ICSDA 1	116
	TO PAGE AFTEI BALTI	23a. B	JRIAL, CREMATION, REMOVAL			METERY OR CREMA	ATORY 23d. LC	CATION OR TOWN	COUNT	Y 5	TATE
	BP		urial	5/13/82		on Nat'l.	Cem. FY	Myer,	Virginia EGISTRAR'S SM	GNATURE	
	DHMH - 17 (VR A15 ME (5))	51	JNERAL DIRECTOR Jos. NAME 30 Wisconsin A	venue. N.W.	-Washingt	on, D.C.	256. DATE REC'D. B)	1982 0	And Down	M KAR	W
	15M 7/76						1				

SAME TO THE THE PARTY OF THE WAY SEEDINGS. Com Com The second second second and such a per to skill a substitute to the state of the THE RESIDENCE OF THE PARTY OF T the state of the s 1230 Chinadana evalua - I. I. - Saldanton MAI & BEZ Common production tions, and a temperature . troub,

1	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 2	1 3	3	7 3
	CEASED NAME FIRST SAM	HEL E.	NORRIS, JR		MONTH DAY	YEAR 82	26 HOUR
1 SE	MAIE	BLACK	5 DATE OF BIRTH MONTH DAY YEAR 2 09	6 AGE (IN YEARS LAST BIR	Z YRS	DER 1 YEAR	IF UNDER 24 HRS HOURS MIN
	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED		MERY	DEATH	м
S	LVER SPRING	HUSP. 1500 Forest	ADDRESS HOLL CONTROL NO	(TYPE OF WORK FOR MOST OF		NOUSTRY	BUSINESS OF
130	JAL RESIDENCE (IF NURSING HOME OF	NTY INCCITY OR TOW	Dring YES NO 1	13e STREET ADDRESS	Inwo	od.	Ave.
	S'AMUE!	MIDDLE JOYY13 LAST S	R. MOTHER'S MAIDEN NA	le Hou	vard	LAST	
160	WAS DECEASED EVER IN U.S. AF YES 100 OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU	Nettie Novi	ris (Wife)	Same	As=	#13
7	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gave rise to immediate	TE CAUSE (0) Pneumonia DUE TO, OR AS A CONSEQUE (b)	a, left upper lobe			5 da	MATE INTERVAL NSET AND DEATH YS
Z			DEATH BUT NOT RELATED TO THE TERM				leedin
CERTIFICATION	Cardiomegaly:		enal cortical infar OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING	RE FINDIN	GS USED
100	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.		2fc. HOW INJURY OCCURR	PED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I	OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	h	CITY OR TO	WN (OUNTY	STATE
	saw the deceased alive on	ital) attended the deceosed from	2 , and that in (a) (our) opinion of	to	19_sate and haur and		hot 🏙 (we) fas

22e ADDRESS

DHMH - 16 50M 1/81 (VRA 15, 4)

should be detoched for use as TO FUNERAL DIRECTOR.

if ben 21 is

MPORTANT.

23b. DATE 230 NAME OF CEMETERY OR CREMATORY

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

District of the second state of the second sta Louis Louis of the Mile Will County the Sharles and Ellisteeth Start The Charl Start F. January Mindella The state of the s

75/ /2222011

(VRA 15, 4)

STATE OF MARYLAND

Maryland. | U. P. A. | Wontier Mospital. Painter, Betired.

Maryland. P. Ceo. Takona Purk. + 6010 fth Ave. Takona Fark.

Tobert Norton. Marian Norton.

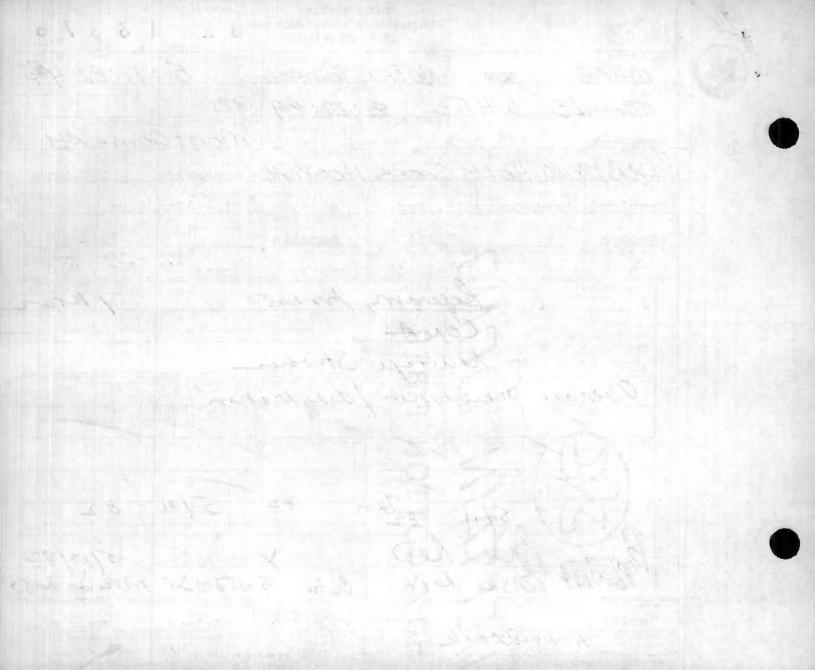
16. 212-14-8786 A.Mildred J. Horton (Mife) 13 m.

Surial May 18, 1982 Coorne Hambineton Ricon Pd. P. C. Co. Md.

Jakora Funeral Hone.

A TOPE WAS A STREET

里引入 イワ イハハハ



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 2a. DATE OF DEATH MONTH YEAR 2h HOUR (TYPE OR PRINTS CHAPLES nmn3 SEX 5. DATE OF BIRTH 6. AGE TIN YEARS LAST BIRTHDAY MONTH o BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME IN WAS DECEASED EVER IN U.S. ARMED SOCIAL SECURITY NO 7 INFORMAN (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY 404 Cancer IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION ho casa. 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES NO [210. ACCIDENT WAS UNDERLYING 71h. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION ö CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) pa NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fram. 19 FL , that (1) June last saw the deceased alive an Mey 25, above, (I) (we) (and) (did not) view the body after death. 8-2 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE ould be detact that the State D ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT

22e ADDRESS

MO

DHMH - 16 50M 1/81 (VRA 15, 4)

230 BURIAL CREMATION

24 FUNERAL DIRECTOR

bei

Hygie

THE CONTROL OF THE PARTY STATES AND ADDRESS OF THE PARTY AND ADDRESS OF the closed Acade State State on

тоу be

requires that the death certificate be executed within 24 hours ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

to	FOR ,	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 2 1	3 3 7 8
deoth deoth	Rub	Ruberta MIDDLE M	old 5 Olds	may 3	DAY YEAR 26 HOUR B 1982 12:15 An
	Female	4 RACE White	5. DATE OF BIRTH MONTH DAY MAY 6, 1886	6. AGE (IN YEARS LAST BIRTHDAY) 95 YRS.	FUNDER I YEAR IF UNDER 24 HRS.
W 18	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) South Dakota	76 CITIZEN OF WHAT COUNTRY		BALTIMORE CITY OF COUNTY	
194	Gaithers burg	ASOUTY VILLAGE	PADDASSI 200 HEALTH	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY University
BE BE		NTY Spomery ROCKV1	11e 13d. INSIDE CITY LIMITS?	13821 Bauer R	oad
ompletely and 2 s	14 FATHER'S NAME FIRST William	MIDDLE CLAST Olds	15 MOTHER'S MAIDEN N Pauline	MIDDLE	Pettijohn
s. Pages e medico	160 WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES) 579-44-			l Bauer Road ville,Maryland
en signed by the attending phy . Then pleose remave corbonpo or to buriol, crematian, or remav r injury, or ather troumotic event	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse last. PART HER SIGNIFICANT	DUE TO DESCRIBED	rovaseulas Carle Varieta de la composition della	Sufficiency Survey School Single RMINAL DISEASE OR CONDITION GIV	
frote has be tronsit permit if Hygiene pric 18 shows ony	19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY	H OPERATION WAS PERFORMED 216. HOW INJURY OCCU	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO ART FOR PART 2)
RAL DIRECTOR: After this certical detached for use as the buriol. State Dept. of Houlth and Mento NT: If them 21 is marked or them	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK AT WORK THE CERTIFY HOLD IN THE INTERPRETATION OF THE INTERP	P.M. 21e. PLACE OF INJURY IAT HOME. STREET, FACTORY, OFFICE. 11 View The Body ower death.	19 2If LOCATION IREET , ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	on death occurred on the date and hou MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY STATE 19, that (I) (perfost rand from the couses stated) 110 DATE STENED
TO FUNERAL should be det with the State IMPORTANT:	22d PHYSICIAN'S NAME GYPE ENRY C. 238. BURIAL, CREMATION, REMOVAL	SCRUGGS O	NAME OF CEMETERY OR CREMATOR	ar hane Sett	hesta hd.
	Burial	5/8/1982 C	uster Cemetery	Custer, Sout	
16 50M 1/B1 RA 15, 4)	24 FUNERAL DIRECTOR Jos. Consin Av			Y 10 1982 Think	RAP'S SIGNATURE

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

abio all a district A .d.d. | wtorm atpos California of the partie of the or the of odification on the state of the - Syn_Mile_ynay Jack ertifelte - Hoster Tary Hell (miller a new Children - 12 2 155/8/1982 (master dentate) control, South 158th . onE . meet n' rolwed . Some Tist incomming to ... - endanged, D.C. Way 10. TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician ond completely filled in the transfer of the complete o

IMPORTANT: If them 21 is morked or Item 18 shows any injury, or other traumotic event, th should be detoched for use os the burial-tronsit permit. Then please remave corban papi with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or remova

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MEN

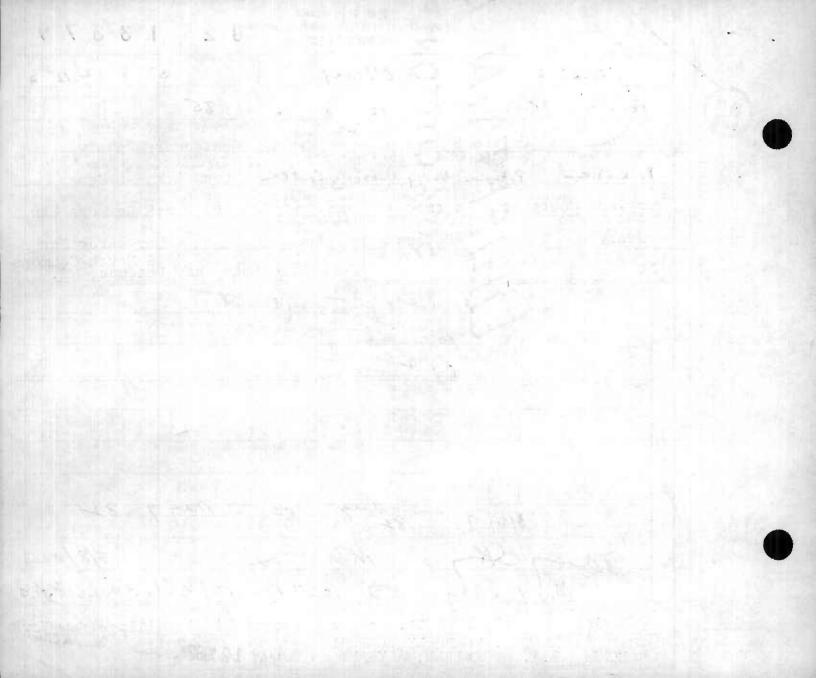
DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH	2	1

100	FOR STATE REGISTRAR		DEPARTMENT OF CERT	FHEALTH AND IFICATE OF I		0 4	REG. NO.	3 3	3 7	9
	THE CONTROL MARION	NMI	0'	LCARY		2a DATE OF DE	ATH MONTH		2 /2 H	OUR 30
	1 sex	Caucasi		E OF BIRTH	YEAR 96	6. AGE (IN YEARS	LAST BIRTHDAY)		YEAR IF UNI	DER 24 HRS
1	76. BIRTHPLACE (STATE OR FOREIGN NEW York	76 CITIZEN OF WHAT	tates widow	NEVER .			CITY OR COUN			THE.
2	10 CITY OR TOWN OF DEATH ROCKOLLIC	11. NAME OF HOSP (HENOT IN SUCH FACIL POTO MAC	ITAL, NURSING HOMI LITY, GIVE STREET ADDRESS) Valley Nur	EOR OTHER INS	TITUTION	12a USUAL OC	gomery EUPATION R MOST OF WORKING Naker	12b. KI INDUS	ND OF BUS	MD. INESS OR
	USUAL RESIDENCE (IF NURSING HOME O 130 STATE 136 COU Maryland Mont	NTY 13c. 0	esidence before admissio CITY OR TOWN TOMAC	13d. INSIDE C	ITY LIMITS?	13e STREET ADD				Way
1	Henry	WIDDLE	Dorman	Anı	rirst na	M	Hei	rgenr	oet.he	er
	160 WAS DECEASED EVER IN U.S. AI	RMED FORCES? 16b S	SOCIAL SECURITY NO	John	A. O'	and Leary W	A 1 4 0 0 5	Nort	h Cor	nmone
	Canditians, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(b)	A CONSEQUENCE OF A CONSEQUENCE OF BUTING TO DEATH BI	UT NOT RELATED) TO THE TERMI	Inal disease of	r condition (GIVEN IN PA	RT 1(a	
7	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION	FOR WHICH OPERAT	ION WAS PERFO	PRMED	200 AUTOPS	IN CER	YES, WERE F TIFYING CA YES	INDINGS USES OF DE	ATH?
-	TIG. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIF EITHER NOTIFY MEDICAL EXAMINE TIG. IN JURY OCCURRED		MONTH DAY YEA	R		RED (ENTER NATURE	OF INJURY IN ITEM 1	8 PARTIOR PA	₹₹ 2)	
	WHILE NOT WHILE AT WORK		CTORY, OFFICE FARM, ETC.)	STREET		CI	TY OR TOWN	COUN	ſΥ	STATE
	22a. I certify that (1) (this hosp sow the deceased alive or abave, (1) (we) (did) (did no 22b. SIGNATURE	MAA			(our) opinion d	, to/ death occurred or	the date and h	, 19 our and from	that (1) n the causes) (we) last stated
	m	QH-		100		MEDICAL DIRECTOR []	STAFF PHYSICIAN [5	18/8	2
	220. PHYSICIAN'S NAME (TYPE)	brand Faho	i mi	27 ADDRES	1 0	undtab	kG.	Roc	Kville	smd,
	230 BURIAL, CREMATION, REMOVAL BURIAL	12, 19	V	ohn's		ry Mide		11age	New	STATE

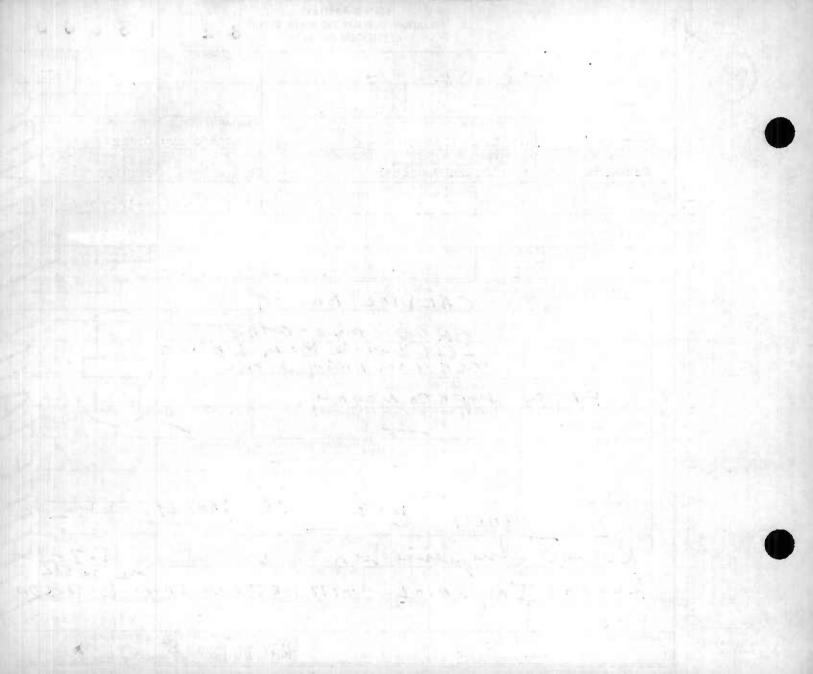
DHMH - 16 50M 1/81 (VRA 15, 4)

74 FUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL HOMES, P.A., ROCKVILLE, MARYLAND

250 DATE REC'D. BY REGISTRAR MY REGISTRA MAY 12 1982



STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN 1. DECEASED NAME (TYPE OR PRINT) OF ESTI-DEATH MATED Gary Robert 19 6. AGE (IN YEARS | IF UNDER 1 YR 5. DATE OF BIRTH 2c. DATE 26 VDC PRONOUNCED 1955 Dec. male white 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Takoma Pk. Md WIDOWED DIVORCED 2, AND 3 TO THE F 3. RETAIN PAGE 2 SHOULD BE FILED, ID. CITY OR TOWN OF DEATH With Harry Diamond. Lab. OR INDUSTRY Takoma Park Washington Adventist Hospital 136 INSIDE CITY LIMITS? Takoma Park. Maryland Montg. YLIMITS? 130 STREET ADDRESS AND AVE. Takoma Pk 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Albert W. Owens. Elaine Finnegan. 1213 N. Bedgrade Rd. S. S. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? YES NO. OR UNKNOWN) Mrs. PlaineNatale. Mother. L2-66-8256 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Blunt injury to head and trunk IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0 HOULD BE FORWARDED TO THE CHIEF MALE DIRECTOR: PAGE 3 SHOULD BE USED A TH, WITH THE STATE DEPARTMENT OF HEA E, MARYAND, 21201 PRIOR TO BURIAL, CI. 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES X NO 210 EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) objects HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 82 driver of motorcycle/lost control/fixed 21e PLACE OF INJURY (AT HOME 21f. LOCATION 214 INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITING THE STANDING BE FORWARDET TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYKAND, 21201 P WHILE AT WORK AT WORK roadway 1508 ErskineSt, TakomaPark, PG Co. Autopsy 229 I certify that I taok charge of the remains described above, held on Inspection death resulted fram: Natural causes Accident Ly TITLE (SPECIFY) 5/16/82 M.D. Accictant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Virginia L Dolan M.D ADDRESS 111 Penn Street Balto MD 21201 (TYPE OR PRINT) 13c NAME OF CEMETERY OR CREMATORY
82 Parklawn 230. BURIAL, CREMATION, REMOVAL 236. DATE Silver Spring, "Mantg. "Co. May 19, 1982 BP. 24. FUNERAL DIRECT Takoma Funeral Home 150. Date REC'D. BY REGISTRAR 135 REGISTRAR'S SIGNATURE 254 Carroll St. N. W. MAY £ 9 1982 **DHMH-17** (VR A15 ME (5)) 15M 2/80

THE STATE OF THE S

Waters It. W. W. S. A.

. BoT

Vith Harry Diament. Jah.

Maryland. Monto. + 750 Farland Ave. Takens

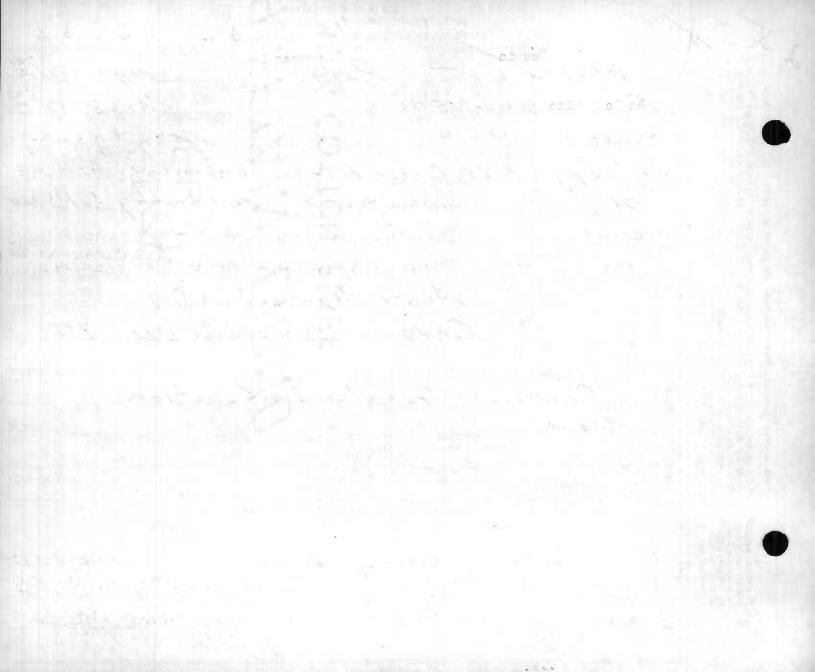
Albert W. Genne. Pinnegan.

212-64-8036 New Minimetals, Mctror.

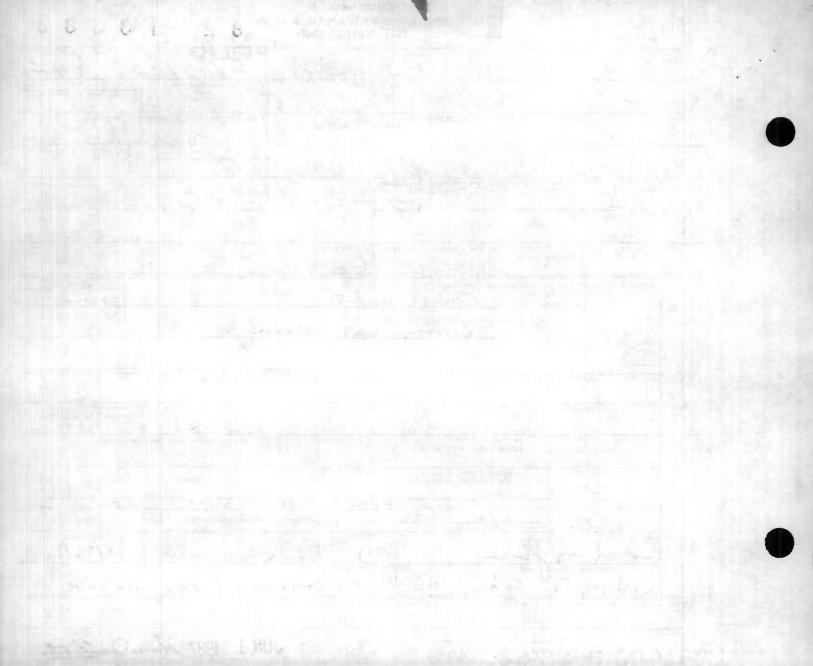
How 18, 1913 Terilarm Silves Spring, Money, To.

Margarat Tuneral Home.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR . DECEASED NAME Bessie 2a. DATE KNOWN Pappas (TYPE OR PRINT) OF ESTI esvic DEATH MATED 4 RACE 3. SEX AGE (IN YEARS IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED ellhite DEAD MARRIED NEVER MARRIED FOREIGN COUNTRY GREECE WIDOWED W DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK TO KIND OF BUSINESS OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION MAKER RESIDENCE BEFORE ADMISSIONS 130. STATE 14. FATHER'S NAME MIDDLE MIDDLE FIRST JEORGE OUNIS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO HIEF MEDICAL EXAMINER ALONG WITH FOR USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 OF HEALTH AND MENTAL HYGIENE, DIVĮSION (IN MEALTH AND MENTAL HYGIENE). (YES, NO, OR UNKNOWN) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last CREMATION. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 19 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21201 PRIOR TO BUR RWARDED TO THE CH R: PAGE 3 SHOULD BE U STATE DEPARTMENT O YES [] 710 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 19 21e PLACE OF INJURY IF LOCATION (AT HOME EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALLHWORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY NOT WHILE AT WORK 22a I certify that I took charge of the remains described above, held on Autopsy Inspection and in my apinion death resulted from: Natural causes Suicide Homicide Undetermined monner TITLE (SPECIFY) SIGNATURE HOC ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF RENTWOOM 24 FUNERAL DIRECTOR 11025b **DHMH-17** 5130 WISCONSIN (VR A15 ME (5)) 15M2/80



	1			STATE OF MARYLAND				
	1.	FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2	. 1 3	3 3	8 3
2	1. DE	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
eath O		FORA	L. /	ARKER	2/23	182		1AN
(B)	3 SE	Temale	Cauc.	5. DATE OF BIRTH MONTH DAY YEAR 1 - 2 - 9 5	6. AGE (IN YEARS LAST BIRT		INDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
82		IRTHPLACE (STATEOR FOREIGN OUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED NOVORCED	1 BALTIMORE CITY O	DR COUNTY OF		MD
270	10 C	THE OF TON	NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O	ION DE WORKING LIFE)	121/ KIND OF	F BUSINESS OR
uld be fill	13a :	AL RESIDENCE (IF NURSING HOME OR OT STATE 136 COUNTY	13c. CITY OR TOW	ADMISSION) N 134 INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS	2/001	An	0_
nd 2 sho	14 F/	ATHER'S NAME FIRST HAVYU		15. MOTHER'S MAIDEN NA	MIDDLE	7	unk	rnown
med a		VAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SECU	200000	on-in-laus DDRE	SS		
Pages t, the n	No		212-74-8			as 13		
vent vent		18 CAUSE OF DEATH (Enter only)			cot come		APPROXIA BETWEEN O	MATE INTERVAL
pap emo tic e		PART I. DEATH WAS CAUSED E	SY Call	+			Thin	
pour or r		41119 IMMEDIATE	A05E (0)				1	
carb on, o trau		7/7/	DUE TO, OR AS A CONSEQUE		0	574		
emati		Conditions, if any, which gove rise to immediate	(b) Corone	1 sent of ste				
crer or o		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF				
0 .		andenying coose lost	(c)					
o burial o burial injury,	7	PART 2 OTHER SIGNIFICANT COL	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART Ifa	.1
prior t	CERTIFICATION							
	Š	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20e AUTOPSY?	206. IF YES, W		
ygien 18 sh	E				YES NO NO	YES [NO 🗆
he burial-transit perm and Mental Hygiene srked or 1tem 18 sho	U	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH D.	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART	OR PART 2)	
or Ite	1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				
Med or	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION				
th and N	ž	WHILE AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) STREET	CITY OR TOV	W	COUNTY	STATE
is m		27e 1 certify that (1) (this hospital	ottended the deceased from	3/2 1078	10 5/23	10	82 .	that (1) (we) lost
± H		saw the deceased olive on_	5/2 198		death occurred on the de	ote and hour or		
of for	-	abave, (1) (wet (did nat) v	new the body after death					
Jid be detached for unthe State Dept. of ORTANT: If Item 2		27b. SIGNATURE	1	DEGREE ATTENDING	MEDICAL STAI		221 DATE S	SIGNED
State ANT:		And my	un	PHYSICIAN	DIRECTOR PHYSIC	IAN 🗌	3/4	sin
TA TA		224 PHYSICIAN'S NAME (TYPE OFFE	INT)	22R ADDRESS				
MPORTANT: If Item	-	Cidher J.	Cohen, Mi	12/ Course	essimul Lu	no in	schuit	lle
with the	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. f	AME OF CEMETERY OR CREMATORY	234. LOCATION			
		SPECIFY)	May 26,1982 Ga		Silver SK	4	LOW +	Md.
	74 F					256 REGISTRAF	Mont.	
1-16 25M			J. Collingaress		IIN 1 1002	The		11 -
5, 4) 1/79	150	10 University Blu	d. W. Silver.	Spring, Md.	130Z	- and	115	eta Gan



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO IAST PERMICONTOINE FIRST Bernardo MIDDLE I. DECEASED NAME 2g. DATE OF DEATH (TYPE OR PRINT) BALTIMORE CITY OR COUNTY OF DEATH Montgowery Music 5225 Pooks Hill Road Collia Mildred Parronchi. Same address as #13. APPROXIMATE INTERVAL BASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FUNDINGS USED IN CERTIFYING CAUSES OF DEATH?

22. DATE SIGNED

809 Viers Mill Rd., Rockville, Md. 20851

5/22/82

National Memorial Park Falls Church, Virginia 24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc.

5130 Wisconsin Ave., NW, Washington, D.C. 20016

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE

dist. U. vok. often Maryland Rossconers School do-se do-se Adonorus -- consecutiv . Clare to the control of the contro ERRE . D. . CONCRETE, M. . ERRE MAR a del . notes e shelped . Joseph neigh skie - karen Errolan'i a date of the design and a date, Int. 1170 Locamen ave., St. teshington, a.C. 2025

	1,	FOR STATE		DEPARTI	MENT OF H	OF MARYLAND	HYGIENE	2	1 3	3	8 5
		REGISTRAR CEASED NAME 1 FIRST		E. C		CATE OF DEATH ST PARSLE	20. DATE	REG. NO.	NIH DAY	YEAR	2b HOUR
oy be		CLAI	ENCY	12	4 R	5/4-4	Ma	y 27,	171	_	2215 M
Her. B	3. SE		4. RACE		5 DATE O	DAY YEAR	72	ÑÑ YEARS LAST BIRTHDA	MON IF U	INDER I YEAR	HOURS MIN.
(all)	70. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	8	UST 25,1908	- 9 BALTIA	MORE CITY OR C	YRS.	DEATH	
(1)		Md.	US		WIDOWE		- Mon	tgomer	y Co	unty	MD.
by the filed will	12	ebrelle, Md-	Shade A	FACILITY, GIVE STREET		A Hospita		ork for most of Ma			truction
ed within 24 hou mpletely filled in ond 2 should be examinet miss be	130.	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUNTY MOT	OTHER INSTITUTION GI	Gaither:	sburg	13d. INSIDE CITY LIMITS	? 130 375	Z ADDRESS Fr	ederi	ck Av	e. #7
completely l and 2 sh			middle bert	Parslev		15. MOTHER'S MAIDEN Estelle		WIDDLE	Ray	LASI	1
n ond ca	160 \	VAS DECEASED EVER IN U.S. AR		6b. SOCIAL SECU		17 INFORMANT		ADDRESS	1 100		14 - 12
be e		no		577-07-5	5210	Sarah E. I	arsley	Same a	s # 1.		
certificate ling physic rbanpope or removal		18 CAUSE OF DEATH LEnter on PART I. DEATH WAS CAUSE IMMEDIAT	E CAUSE (0)	enetr	40 - V	ascula	ase	reken	Y	APPROXI	WET AND DEATH
e deoth attend nove ca troumat		Conditions, if any, which gave rise to immediate	DUE TO, OR	MA CONSEQUE	bol	Pism.	mu	ral		21	12
that the		couse (a), stating the underlying couse lost	DUE TO, OR A	AS A CONSECUL	NGEOF	dolva	5			-ge	en
requires en signe Then pl or to bur	NOI	PART 2 OTHER SIGNIFICANT (ONDITIONS CON	TRIBUTING TO E	DEATH BUT I	NOT RELATED TO THE T	ERMINAL DISE	ASE OR CONDITI	on given	ART Ico	,
ion. thos been it permit. iene prior	CERTIFICATION	190. DATE OF OPERATION	196 CONDITI	ON FOR WHICH	OPERATION	WAS PERFORMED	200 AL	UTOPSY? 20	b. IF YES, W I CERTIFY IN YES	ERE FINDING CAUSES	OF DEATH?
CIAN: T 3 physici prtificate ol-transi atol Hygi em 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M.	INJURY MONTH DA	AY YEAR	21c. HOW INJURY OCC	CURRED (ENTER	NATUR OF INJURIAN	ITEM 18 PART 1	OR PART 2)	
3 PHYSI strending er this ce the buri and Mer	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF	INJURY T, FACTORY, OFFICE, F		THE LOCATION		CITY OR TOWN	0	COUNTY	STATE
TENDING tol or o OR: Afre or use as i Health		220.1 certify that (I) this haspi saw the despused alive on	4	deceased from	#/	19_10 (my) (or) cops	2, 10_	Da	19_		that (I) (wa) tast
OR ATT ne hospin DIRECTO oched fo Dept of		obove, (Historia) (did no	visad for beginner	409	1	I that in (my) (por) opin	1 /		and hour on	22c. DATES	
by the by the seal state state and seal state with the seal state with the seal state with the seal state st	0	224/MAYSICTAN S NAME (THE O	R PRIVE	m	//	ATTENDING PHYSICIAN TZE ADDRESS		OR PHYSICIAN		12	ORINI
TO HOSPITAL retoined by t TO FUNERAL should be det with the Stote IMPORTANT:	220	BURIAL CREMATION, REMOVAL	2 C //	ARI	0//	6 Rolen	heer	by	Mes	4;	7
BP	230.	SPECIFY) Burial	June 1,			metery or cremator	100	eallsyil	le Me	ont	Md. Statt
DHMH - 16 50M 1/B1 (VRA 15, 4)	24 F	UNERAL DIRECTOR RANCIS H. BARBI				20879	ALL ALL	UC IS WARRIS	(1965عند المالية المالية المالية المالية المالية المالية المالية (1965عند المالية المالية المالية ا	HER ESTIVE	State of the last

Benefice - Museula washing Cak to the Condidon march

Rockville, Maryland

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 😭

FOR

- STATE

(VRA 15, 4)

Homes . P.A.

La vay and the same of the same of place of the terminal to the terminal to the terminal es is a natural - July 1 1940 Cook who was a first the work of the water of

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHS REGISTRAR MIDDLE DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-Kevin Rodney Paul SEX. 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE YRS 6 LAST BIRTHDAY) PRONOUNCED Black Male Sept. 2, 1965 19 82 2:20P DEAD 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) Virginia USA Montgomery County

120 USUAL OCCUPATION (TYPE OF WORK 1726, KIND OF BUSINESS WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 2, AND 3 TO THE 3. RETAIN PAGE SHOULD BE FILED 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Student Potomac Area South of Caderock on PotomacRiver CIMIE OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS. Maryland Adelph 2500 Osage Street 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME AND 2 MIDDLE LAST MIDDLE LAST Joseph Paul Shirley Furtrell 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN 166 SOCIAL SECURITY NO. DIVISION 931 40 0148 Joseph Paul-Father-5203 Newton no Bladensburg, Md. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Drowning IMMEDIATE CAUSE (o)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. CERTIFICATION ACNT OF HEAT 19g DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHO EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHILL OF LUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFIER DEATH, WITH THE STATE DEPARTMENT OF BATTIMORE MARKALAND, 21201 PRIOR TO BURLY. YES 🗍 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 4 . PMP.M. 1982 tried to swim river 21f. LOCATION WHILE AT WORK river found south of Caderock, PotomacArea. Montgo MD 220 I certify that I took charge of the remains described above, held on Inspection ond in my opinion Accident XX death resulted from: Homicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE 5/19/82 M.D. Assistant MEDICAL EXAMINER SIGNATURE 111 Penn Street.Balto.,MD 21201 Hormez R. Guard, M.D. EXAMINER'S NAME TYPE OR PRINT 73a BURIAL CREMATION THE LOCATION Hampton Wirgini Burial Gardens **DHMH-17** Stewart Benning VR A15 ME (5) 15M 2/80

即他们是是现在各个中 1

STATE OF MARYLAND

361 20 LE S JOSEPH M PSWIGSKI Male White 9 29 33 18 nknov fraunci Silver Seems Holy Cross Hospital Comments MONTGHERY KOCK, AE 12201 Hunters Land Yes Hones 1201-19-019- Prore In redorate as Linne Line.

, all the beautiful to the second

Nurtal Advertis date of leaves Am. States Sprins Annt.

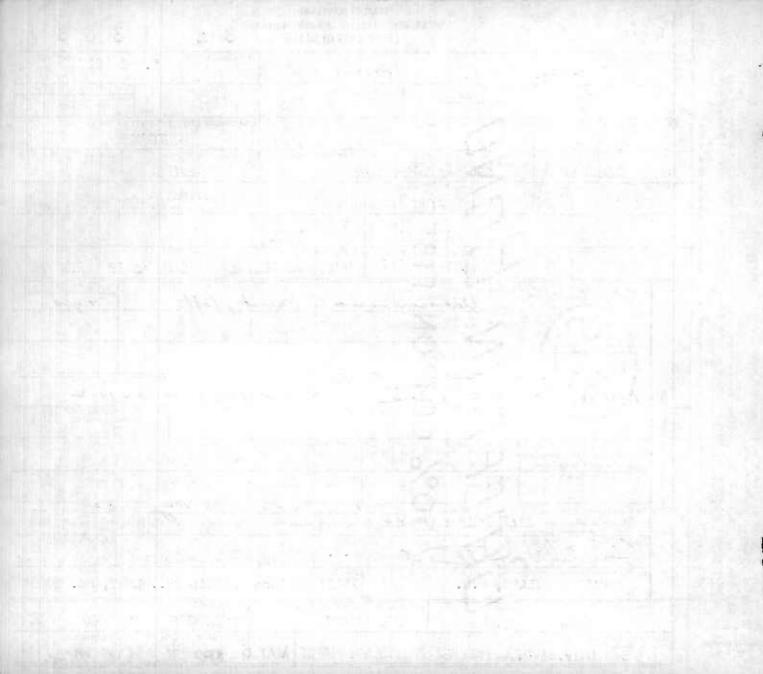
of the good will a witten a polytile, sarelunda

500 UNIV. BLVD., W., SILVER SPRING, MD. 20901

(VRA 15, 4)

MAY 6

STATE OF MARYLAND



19 11	1	FOR - STATE	DEPAR	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 9	13390
P	1.00	REGISTRAR CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	H DAY YEAR ZN HOUR
8 6E		EOR PRINT)		PUPLIPA	A A A . I	DAY YEAR 20. HOUR
page page	3. SE	X I RA	CE	S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
free	13	MALE C.	ALCASIA	MONTH DAY YEAR	85	MONTHS DAYS HOURS MIN
100			TIZEN OF WHAT COUNTRY	(? I was a survey of a survey	BALTIMORE CITY OR CO	
(NE) XC	IN	CAROLINA	U.S.	MARRIED NEVER MARRIED WIDOWED DIVORCED	MONTGOME	RV MD.
of the aft	10.0		NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION LET ADDRESS), CENTE	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR INDUSTRY
ours ours	S	IVER SPRING FO	PRLAND NUR	SING & RETIREMENT	SUPERVI	SOR PAINT SHOP
D21 24 h 24 h lbe f lbe f	130	AL RESIDENCE (IF NURSING HOME OF OTHER STATE	13c CITY OR TO	WN 134 WSIDE CITY LIMITS?	13e. STREET ADDRESS	
LAND ithin i	-	ARYLAND PG ATHERS NAME	LAUR	YES NO 1	1523 MAN	1 ST
ARY led wi		FIRST MIDDLE	PLAST	FIRST	MIDDLE	Kind LAST
complete and its and i	16a '	WAS DECEASED EVER IN U.S. ARMED I	ORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT COM	ADDRESS	622-3080
IMOR	-	YES, NO OR UNKNOWN) (IF YES, GIVE WAR O	578-C	5-9590 BANTER E	PHILLIPS	
sicie sicie val.		18 CAUSE OF DEATH (Enter only one	cause per line for (a), (b),			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., BA		PART I. DEATH WAS CAUSED BY: IMMEDIATE CA	JSE (a)	DIAC ARREST		
ron ST., death cert ending ph carbon pa n, or rem traumatic	b	4409	DUE TO, OR AS A CONSEC	TOENCE OF		
PRESI		Canditions, if any, which gave rise to immediate	(b)	TNEUMONIA	A	
W th the		couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEC	WENCE OF LIZED A	FRTE RIDSCLEI	20511
S, 201 signed k n pleas burial injury,		PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TERM		
Ö	N Q					
he la he la be pric	CERTIFICATION	19a DATE OF OPERATION	96 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
A S S S S S S S S S S S S S S S S S S S	E	100000000000000000000000000000000000000			YES NO	YES NO
			16. TIME OF INJURY HOUR A.M. MONTH		RED (ENTER NATURE OF INJURY IN T	(EM 18, PART I OR PART 2)
N HY HPH HPH N N N N N N N N N N N N N N N N	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 2	P.M. 10 PLACE OF INJURY	211 LOCATION		
MVISIO DING P ttending After th s the bus th and N	ME		AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
END F attr PH: A		22a 1 certify that (I) (this hospital) a	tended the deceased from	4/11/80 1080	10 May 14	19 2, that (1) (we) lost
ATT Portal of H	1	saw the deceased alive on source (1) (we) (did) (did not) view	-5-02-10		death occurred on the date o	nd hour and from the couses stated
Phila Phila	12	DESIGNATURE	Λ .	DEGREE	/	224. DATE SIGNED
PITAL by the ERAL ANT	1/	reveren	duo n		MEDICAL STAFF DIRECTOR PHYSICIAN	1 MAY 14 1982
SO SO STATE	1	THE PHYSICIAN'S NAME (TYPE OR PRINT		27e ADDRESS		
TO H should	-					
011/200	730	BURIAL, CREMATION, REMOVAL 231	DATE 23	NAME OF CEMETERY OR CREMATORY	23d LOCATION GITY OR TOWN	COUNTY AT STATE
// va br	74 F	UNERAL DIRECTOR	171, 17, 17812	LAURE 250. DA	RAPC O BY REOSTILATION	PEOISTRAR SEMANURE
DHMH-16 25M (VRA 15, 4) 1/79	D	OMALDSON FO	INER HE H	UME MD	יייייייייייייייייייייייייייייייייייייי	N. Committee of the com

STATE OF MARYLAND

Sei ne are a

W.W. Chambers Co, 8655 Georgia Ave, Sil. Spg.

FOR

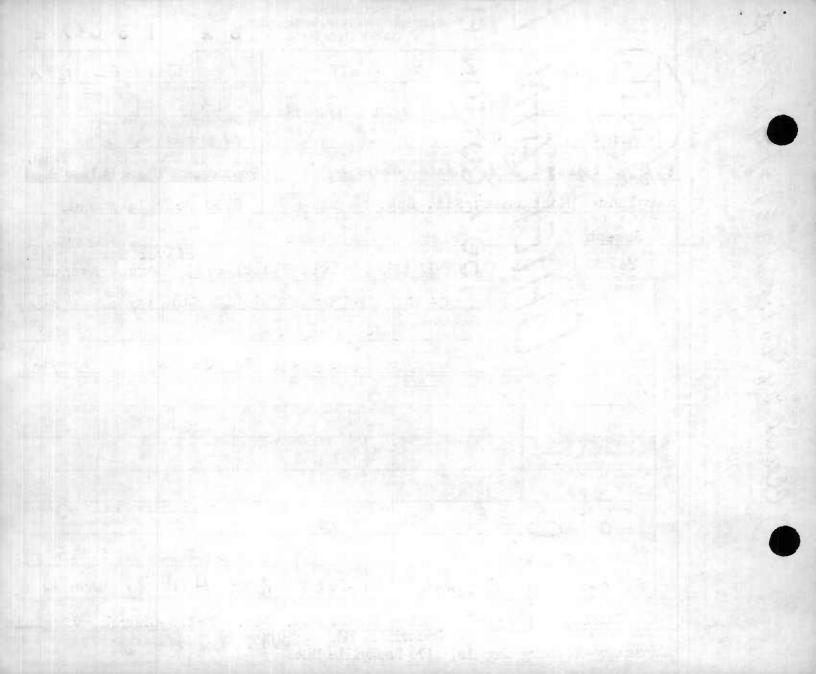
(VR A 15 (4))

STATE OF MARYLAND

alienos il allog and the same of the same atoms and circumstance of the circumstance of actess inches tell-reside a rot (12- -00) 2001. . Since early military with the same of th

Les ve all ve object of the contract of the co

· ba ·	1			STATE OF MARYLAND			~
New	1	FOR STATE	DEPARTA	IENT OF HEALTH AND MENTAL HY	GIENE O	12/20	21
In a		REGISTRAR		CERTIFICATE OF DEATH	REG. NO	1 3/3 7	6
(M) ×102		CEASED NAME FIRST	WIDDLE	LAST		MONTH DAY YEAR 26 HC	OUR
VI STATE		HENRY	L.	PLATT	5	-29-82 12	30 A M
يَّ قِيْ	3. SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	& AGE (IN YEARS LAST BIRT	MONTHS DATE HOURS	DER 24 HRS
age recto		M	CAUCASIAN	4 17 19	63	YRS.	MIN.
20 Pp 2 Pp	Ta B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	A	2 12-11
To hor of		Pennsylvania	USA	WIDOWED DIVORCED	MONT 60	1	MD.
The fire of the fire	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	WORKING LIEE INDUSTRY	DSp ^{OR}
5 00 E	77	luen Spring	Holy CROSS	HOSPITAL	Procurement	: Clerk Walter I	Reed
Joseph Popular	130.	AL RESIDENCE (IF NURSING HOME OF STATE 131/ COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 136 CITY OR TOW	1 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
NA NA PARA	_	ryland Mont	tgomery Sil. S		8750 Ge	orgia Avenue	
Wild Will ARY	14. F	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	LAST	
W Com Com		Joseph	Platt	Rose		Caplan	
ond ond oges		MAS DECEASED EVER IN U.S. AR	E WAR-OR DATES)		^ 51	ever Spring,	Md.
TS. Po		ies ww	578-12-4	4365 Sylvia Pla	att; 8750	Georgia Avenu	1e
BAI hysic oppe ovof. nt, th		18 CAUSE OF DEATH Enter on	nly one cause per line for (g), (b), one D BY:	of Ott.	1 117 -	BETWEEN ONSET AN	TERVAL ND DEATH
ST.,			TE CAUSE (o)	u rosumos con	challon are	y occlusion - o	5 days
or corbin		4292	DUE TO, OR AS A CONSEQUE	NCE OF			/
dee office of the office of th		Conditions, if ony, which gove rise to immediate	(b)	Mypulliner	7-	104	23
A Tanana		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	NCE OF T	- · · ·	1/	
ed by theory			(c)	allusture	CU (Just	15 9	no
Son Sign Charles	z	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONE	ITION GIVEN IN PART Ita	21.00
20 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	710	19a DATE OF OPERATION	LIST CONDITION FOR WHICH	OPERATION WAS PERFORMED	The state of the s		
S S S S S S S S S S S S S S S S S S S	CERTIFICATION	THE DATE OF OPERATION	146 CONDITION FOR WHICH	JPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE	ATH?
TA The sicion of the side of t	ERTI	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21. HOW BUILDY OCCUP	YES NO	YES NO	
Phys Phys Phys Phys Phys Phys Phys Phys		OR CONTRIBUTING CAUSE OF DEA		Y YEAR 21c. HOW INJURY OCCUR	KED (ENTER NATURE OF INJUR	IN ITEM 18 PART I OR PART 2)	
Non Sing	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19			
Signature Harris and Appendix of the board o	MEC	WHILE O NOT WHILE O	21e PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE, EA	RM ETC) 21f. LOCATION STREET	CITY OF TO	COUNTY	STATE
After of the state		AT WORK AT WORK					
FND OR:			tol) ottended the deceased from	Morel 19 65			(we) lost
ATT OSPICE CTG d for it of it		obove, (I) (we) (did) (did no	ti view the body ofter death.		deoth occurred on the do	te and hour and from the couses	
OR DIR Oche Dep		226. SIGNATURE	100-to	DEGREE ATTENDING	_ MEDICAL _ STAF	22c. DATE SIGNE	
ITAL by the RAL Store		22d PHYSICIAN'S NAME (TYPE O	Alexanour	PHYSICIAN [DIRECTOR PHYSIC	AND 5-29	-87
HOSPITAL ined by the FUNERAL wild be det h the Stote			1	22e ADDRESS	2 1. 11.2	71 0 211 1	
TO HOSPITAL of retoined by the TO FUNERAL I should be detoined the Mark the Store E IMPORTANT: If		BERMARD	H OSTROW	6223 1	COKS (TIC	ICE BOTH 1	ud
	23a E	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	STATE
BP		Burial		ng David Mem. G	dh. Fall	Church, Vir	ginia
DHMH - 16 50M 1/81 (VRA 15, 4)		UNERAL DIRECTOR		ville, Md. 25	RAC'D. BY REGISTRAR	NEGIST (ARS SIGNATURE	
(**************************************	D	anzansky-Goldhe	ra Chanale, 1170	Pockarillo Pika	· · · · ·	· U.	



1170 Rockville Pike: Rockville Maryland

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE

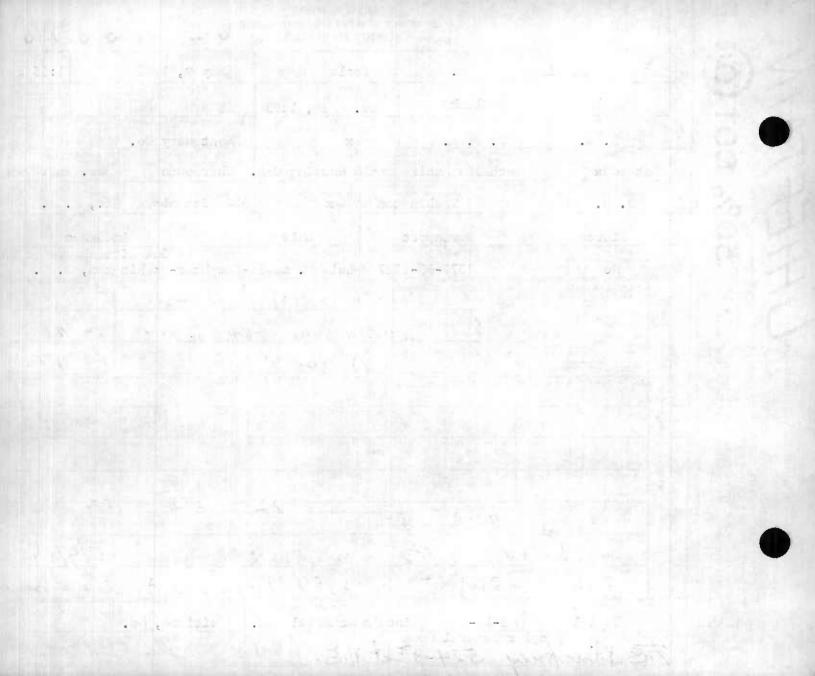
(VRA 15, 4)

VA		1 Lt	em 15 G 568 6/25/82 GAB	STATE OF MARYLAND		
N	X	In.	FOR () SMIES Per call from F.H.	DEPARTMENT OF HEALTH AND MENTAL HY	GIENE &	17704
	, 1	1	RECISTRAR Per call from F.H.	7/9/82 CERTIFICATE OF DEATH	REG. NO.	1 3 3 7 4
		I. DE	ASED NAME FIRST MIDDLE	LAST	20. DATE OF DEATH	ONTH DAY YEAR 26 HOUR
	ad (Signature)	(111)	Aubrev E.	Poindexter		5 27 82 6 AM
	OE OC	3. SE	1. RACE	5. DATE OF BIRTH /9/2	6. AGE (IN YEARS LAST BIRTHE	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	ge 4 urs af		BIACK	APr. 8 +9H	70	YRS MAIN MIN.
	h. Po		HPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT	COUNTRY? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
	deot hin 7	10.0	VA UIDA	WIDOWED DIVORCED	MONTE	OMERY MD.
	officed with	10.0		AL, NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	
1201	in by e file	PUSU	RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE	HON HAUCHISI HOSP.	Stone In	450h
AND 2	filled ould b	13a. :	ATEMA. 13b. Wonta 15th	IN OR TOWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	Irland Rd.
MARYL	mpletely ond 2 sh	14. F/	HER'S NAME HOUSELY MIDDLE POINTE	X TER 15. MOTHER'S MAIDEN NA	ME. MIDNI-	Hill LAST
ORE,	Poges 1		AS DECEASED EVER IN U.S. ARMED FORCES? 166 SC	OCIAL SECURITY NO. 17 NFORMANT	ADDRESS	CI SAME AS
TIMOR	s. Poo		740 37	9-09-3830 Carmelita	roindexler	(daughter) #13
BAL	hysicii poper ovol.		8 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY:		1 0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,	ertifi g ph bonp remo		IMMEDIATE CAUSE (b) Cand	i'ec avert - reffer	there and	sovercellay her unte
PRESTON	endir cord n, or moti		1	CONSEQUENCE OF CALL AND LES	11 68	1 Stears
RES	e deat move notion, troum		Conditions, if ony, which gove rise to immediate	Hear, argue	y geriali	and the
₹	thdt,the		couse (a), stating the DUE TO OR AS A underlying couse lost.	consequence of Sortunetive	Juleureau &	diles seems
201	2 9 6 5		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIB		#	TION GIVEN IN PART TIO
RDS,	n sign Then i r to bu	NO	exoperous durit	4 =		
8	ony ony	CERTIFICATION	90 DATE OF OPERATION 196. CONDITION I	OR WHICH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
AL R	The lion.	E E			YES NO	YES NO
N N	SICIAN: The physicic certificate rinol-transit ental Hygie Item 18 sho		RID. ACCIDENT WAS UNDERLYING ABOUT TO THE OF INJUING CONTRIBUTING ACCIDENT WAS UNDERLYING HOUR A.M. N		RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)
0	HYSICIA ding ph is certifi buriol-tr Mental or Item	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M.	19		
DIVISION OF VITAL RECORDS,	10 5 . 7	MEDI	216. INJURY OCCURRED 210. PLACE OF INJ (AT HOME, STREET, FAC	URY TORY, OFFICE, FARM, ETC.] 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVI	or after the of the offer the offer and morked		AT WORK AT WORK			
	Z - & D I S		(2a certify that (I) (thus haspital) attended the dece		7, 10 5,2	ond hour and from the couses stated
	hospith IRECTC ched for tept. of Item 21		sow the deceased alive on 3 (26 story) view the body after d	leath. DEGREE	death accorred on the date	224. DATE SIGNED
	F Dool is		Tredus (1 Min.	/ / CATTENDING	MEDICAL STAFF	- 5.27182
	SPITAL SPITAL SPITAL NERAL be dete State TANT:		22d. PHYSICIAN'S NAME (TYPE OR PRINT)	PHYSICIAN	DIRECTOR PHYSICIA	N O C O
	FUN FUN Jid b		F.W. BRENNWA	4) 831 Cure	ity Blod	E, fram Spiles
	shoe shoe	23a	RIAL, CREMATION, REMOVAL 236, DATE	232 MAME OF CEMETERY OR CREMATORY	2H LOGATION	0 11 1/4
	BP		BURIAL 6-1-82	Ash Memorial Ce	m. Sand	Spring Monta Mid
	DHMH-16 30M 2/80	24 5	NERAL DIRECTOR DC COLLEGE 2	46 N. WASh. ST. 250. DA	PAND BY REGISTRAS	o partitioned ichinamist
	(VRA 15, 4)	V	DOMO K. SADWIEW	John Ma AA		

Taking of the Killing to the terms of the te about the second many the second many the second many the the first the same of the same The said the way the fact of the gard

and the second

STATE OF MARYLAND



ESTON ST., B.	death cartifica	e attending phys neve carbonopp eathor, of remova
DIVISION OF VITAL RECORDS, 201 W ESTON ST., B.	TO HOSPITAL OR ATTENDING PHYSICIAN: The law equires that it death certified retained by the haspital as attending physician.	TO FUNERAL DIRECTOR. After this certificate has been against by the attending physical should be detached for use as the burial-transit permit. Then please in more certaining with the State Dept. of Health and Mental Hygiene prior to burial.

./2	1					ST	ATE OF MARYLANI	D						
5	1.	FOR STATE			DEF		HEALTH AND ME		ENE D	9	1	7 3	9	7
1		REGISTRAR				CER	IFICATE OF DEA	ATH	0	REG. NO.		3 0		
. GRA		CEASED NAME	FIRST		MIDDLE	0	LAST		20 DATE OF		O HINC	AY YEAR	2b HO	JR
S WARA /	4.0-		PRTI		NMI		STAL			5	1	182	- 6:	18 M
专 3	3. SE	x Male	1	White	2		OF BIRTH			EARS LAST BIRTHD	(AY)	ONTHS DAYS	HOURS	R 24 HRS
- No. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		RTHPLACE (STATE OR F					ch 15, 19		82		YRS.			
4 72 6		STRIA	OREIGN /	LICA	WHAT COUR	MAR MAR	HED X NEVER MAR	RRIED 🗆		RE CITY OR				
8 34 5	Annual Property of the Parket	TY OR TOWN OF DEA	TH 1	USA 1. NAME OF	HOSPITAL N		OR OTHER INSTITU			JTG-OF			OF BUILDING	MD.
4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	B	ETHESDA		SUBUE	CHEACILITY, GIVE	HOST	ITAL	STION	TYPE OF WOR	r (Ret	ORKING HE	FOO		ESS OR
hou in the same of JS	13a. S	AL RESIDENCE (IF NURS STATE Cyland	13b COUNT Monte	TY	113c CITY OF		1 134 INSIDE CITY	LIMITS?	13e STREET .	ADDRESS Peggy 1	(ane			
11 17	_	THER'S NAME		HODLE			15 MOTHER'S M				Double			
1 11/200]	ouis			Postal	SI	Frieda	51		WIDDEE		(UNK)	IST	
de par		VAS DECEASED EVER		VED FORCES?		L SECURITY NO	. 17 INFORMANT			ADDRESS				
2 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	1	10			577-48	8-1568	IDA POS	TAL: 23	311 Pe	Day Day	ne;Si	lver S	Sprin	g, M
corte pyrio		18 CAUSE OF DEATH	H (Enter anly	ane cause pe	line far (a), ((b), and (c)	-A / O D :	- D.	1-1000	CRILA		APPRO BETWEEN	XIMATE INTE	RVAI DEATH
A post	-	4060	IMMEDIATE		EFT	COWI	+ COBO	= PN	EUN	CRIA		/	WK.	
oth o	/	1000		DUE TO, O	R AS A CON	SEQUENCE OF	11 00	LU. AN	CARC					
8 19 9 1		Canditians, if any, gave rise to imn	nediate	(b)_	- W	MICNO	WN OR	_U. HIV	12/47					
hot f by f nose r all cre	7	cause (a), statin underlying cause		DUE TO, O	R AS A CON	SEQUENCE OI		-						-
ores open or of ores	2	PART 2 OTHER SIGN	IFICANT CO	ONDITIONS C	ONTRIBUTING	G IO DEATH B	JT NOT RELATED TO	THE TERMIN	VAL DISEASI	ORCONDIT	ION GAVE	N IN ART 1	la /	
	O	DIFFUS	E (-	XUVH	TIVE	BROI	CHITIS;	TTYPE	12-05.	MULA	201	HISE	ICCO	MA
nos bines bi	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR W	VHICH OPERAT	ON WAS PERFORM	ED	200 AUTO	PSY?	Ob. IF YES, N CERTIFY	WERE FIND	INGS USE S OF DEA	D TH?
40 4 9 9	ERT	21g. ACCIDENT WAS UND	ERLYING [7]	21b. TIME C	OF IN JURY		21c. HOW INJUR	PY OCCUPPE	YES .	NON	YES	-	NO [
SICIAN: ng physic certificat urial-trans tental Hyg		OR CONTRIBUTING	AUSE OF DEATI	HOUR A.	M. MONTH	H DAY YEA	R	NI OCCORRE	D (ENIEKNA	THE OF INDURY IF	ALLEW IR LY	RITORPART2)		
HYSIC nding nis ce buric I Men ar Ite	MEDICAL	116 EITHER, NOTHEY MEDIC			M. OF INJURY	1	21f LOCATION							
DING Ph After th e as the alth and marked (W	WHILE NOT WH	LE 📄	(AT HOME ST	REET, FACTORY O	OFFICE, FARM ETC)	STREET			CITY OR TOWN	,	COUNTY		STATE
Aft Se o' mor		220.1 certify that (I)		1) attered th	e deceased f	from_C_	121	10 87	to	4171		.82	, that (1) (we) lost
TTEN prital TOR for u of Hu		saw the decease abave, (I) (we) (d	d alive an_	view me bady		19 62	and that in (my) (au	ır) apınıan de	eath accurre	d at the date	and haur			
hos hos hed ept.		22b. SIGNATURE	1/1/	/ /	arrer death.		DEGREE	100	_	1		220 DAT	E SIGNED,	
PHTAL O by the ERAL D se defoc State D: ANT: If I		N	1/0	asel,	nin		MIN -ATTE	SICIAN	MEDICAL	STAFF	۷П	141	7/8	2
HOSPIT,		226 PHYSICIAN'S NA	ME LIPE OR	PRINT			22e ADDRESS	/	4.2	0.	0	, /	1	
TO HOSPITAL retained by to TO FUNERAL should be det with the State MPORTANT:			-1).	1470	:6		6/2/1	4017	Rosc	= KD/	Roll	CVILC	E	41)
T = 2 2 4	23a B	URIAL, CREMATION, I		23b. DATE		23c NAME O	CEMETERY OR CREA	MATORY	23d LOCA	TION		COUNTY		STATE
BP		Burial		May 9,	1982	KING I	AVID MEMO	RIAL C	DN F	ALLS C	HURCH	FATRI		Α.
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FL	70 Rockvi	ANZAN	SKY-GOT	DBERG	MEMORI	L CHAPELS	S 250 DATE	REC'D. BY R	GISTRAR 25	PEGISTA	STORY	The state	
(10010, 7)	1.1	./U KOCKVI	rie Pl	ke; koci	corre	, Maryl	and	T MAY	1118	182 1	lanch	4	5-14-20-00-0	

1331	
	AS MUST CONTINUE DE LA CONTRACTOR DE LA PROPERTIE DE LA PROPER
	Zhan as Indiana Zhan Zhan Ann an Aire

Robert A. Pumphrey Funeral Homes,

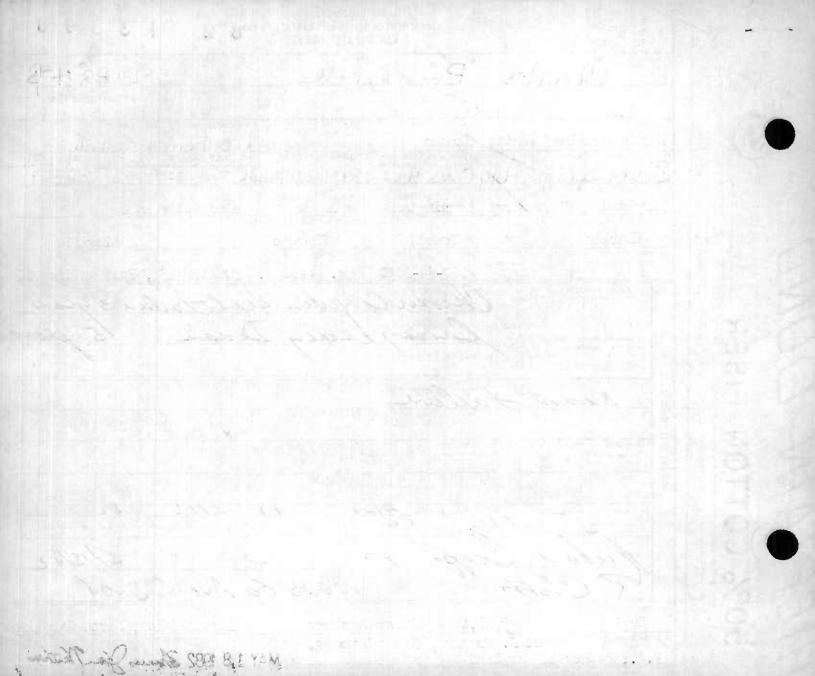
Bethesda, Maryland

- STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO PEAR 9 BALTIMORE CITY OR COUNTY OF DEATH Super interident of 12b. Kind of Business or Super Library Manuscripts of Congress Linville Mrs. Marie W. Powell. Wife. Same as item 3 collars CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE ____, and that in (my) (aur) opinian death accurred an the date and have and from the causes stated 22c. DAJE SIGNED



and campletely filled in by the furnity ages I and 2 should be filed within 72

FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES
CERTIFICATE OF DEATH

MAY DEC D BY REGISTRAR 156 REGISTAR'S SIGNATURE

3 3

	I. DECEASED NAME (TYPE OR PRINT) Ch		. Pressley	LAST	20 DATE OF DEATH MONTH	26 82	3:30AM			
	3. SEX male	4 RACE	MONI	OF BIRTH DAY 28 1916	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN			
1	70 BIRTHPLACE (STATE OR FO COUNTRY) South Caro	REIGN 76 CITIZEN OF	WHAT COUNTRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY OR COU	INTY OF DEATH				
	Olney	TH 11. NAME OF MONTES	HOSPITAL, NURSING HOME (THE FACILITY GIVE STREET ADDRESS) METY Gen. H	OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY retired U.S. Government					
-	Maryland	NG HOME OR OTHER INSTITUTION 13b COUNTY Montgomery	GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN Wheaton	13d INSIDE CITY LIMITS? YES NO [13e STREET ADDRESS 12709 Gould	Road				
1	14 FATHER'S NAME FIRST Charles 160 WAS DECEASED EVER	MIDDLE C.	Pressley 166 SOCIAL SECURITY NO.	15. MOTHER'S MAIDEN NAMERST Annie 17. INFORMANT	MIDDLE	Bowie				
	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	238-07-9693		sley same as	13e				
	PART I. DEATH W	18 CAUSE OF DEATH (Enter only one couse per line for 10), b, and ic PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CARDIO RESPIRATORY ARREST								
	Conditions, if any,	DUE TO, C	RAS A CONSEQUENCE OF	FAILUR	E	2 MO.	UTHS			
	couse (01, statin underlying couse	DUE TO, C	OR ON A	ey DISE	ASE					
	PART 2. OTHER SIGN	EEDING	ONTRIBUTING TO DEATH BUT	YTIC /LC	INAL DISEASE OR CONDITION	STIRT	AILURE			
7	190 DATE OF OPERAT	ION 196 COND	ITION FOR WHICH OPERATEC	DN WAS PERFORMED	200 AUTOPSY? 206 II	FYES, WERE FINDIN ERTIFYING CAUSES YES	IGS USED OF DEATH? NO			
	On COLUMNIA COLUMNIA	AUSE OF DEATH HOUR A	DE INJURY M. MONTH DAY YEAR M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	118, PART 1 OR PART 2)				
	4 (IF EITHER, NOTIFY MEDIC) 21d. INJURY OCCURR WHILE NOT WH AT WORK AT WO	LAT HOME CT	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE			
	sow the decease	22a. I certify that (I) (this hospital) attended the deceased from FB 19 19 19 19 19 19 19 19 19 19 19 19 19								
	22b. SIGNATURE	Mathe	W, MD		MEDICAL STAFF DIRECTOR PHYSICIAN	5-2	6-82			
	RAPAEL	ME (TYPE OR PRINT) A. MAT	HEUS	13018 GEOK	PGIA AVE, NHE	ATON, MD.	20906			
	230 BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL 23b. DATE 5/28		emetery or crematory wn Memeorial	Park Rockvi	lle, Mary	/laħat			

74 FUNERAL DIRTY Son Wheeler Funeral S.S. Home, Inc. 1331 Rockville Pike Rockville, Maryland

DHMH - 16 60M 1/75

TO FUNERAL DIRECTOR: After retained by the haspital ar

Item 18 shows any

IMPORTANT: If Item 21 is marked or

(VR A 15 (4))

BP.

Calca L. Tracla 0100 Portro erv Gen. Fornital downward . . . Hertber Meryland Much compy Whenton - a thin 1290 game and many al - simul valencesto de la la companio 사 후 마시 기업에 본 교육한 것 같아. 이렇게 되니 모르면 했다.

But the service of the second of the service of the homistant billyone sale willymood file

5 26 2 2 2 30

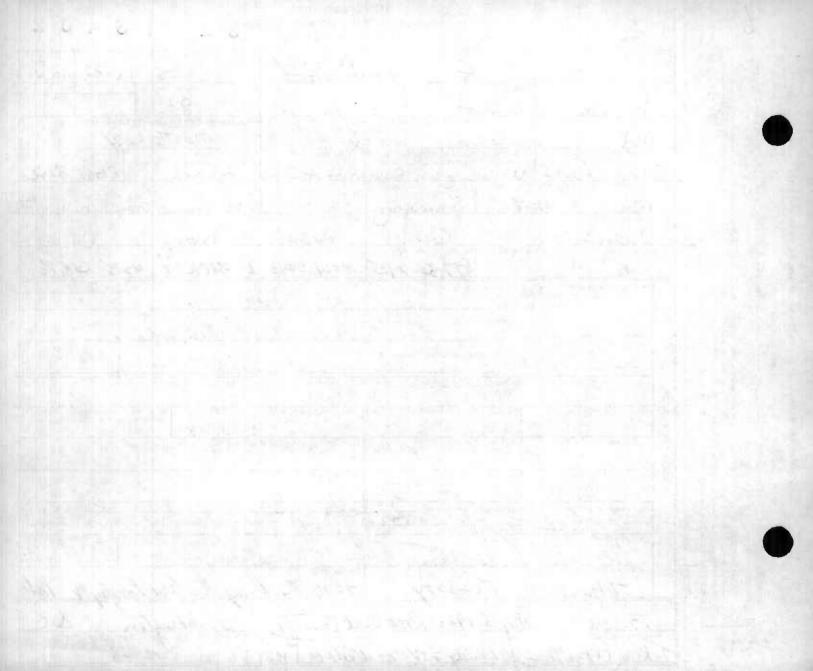
173 07:421

STATE OF MARYLAND

CAT' TOERN O 100 Price Cearge ood a little to the local little equitation of the state of the J11011 Some with Described Tirce Coc. 16 The state of the s

6.114.7 The Province of the Property o Parkland Monte Collin & maline & review of the President Briefly's S Ladours Toulou select select to be to Selection, and Advanced . To at Submay Agget to summer . J regos of the Section 1999 Vandenties of Burni and different on the Laborat mediture Sec. 132 Laborat Tyson besier Tunspal None, inv., three to be a fill the test of the case of th

STATE OF MARYLAND



18	1.	FOR 5/20/82 r	C DEPA	RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 2		3 4	0 3
3	1.05	REGISTRAR CEASED NAME FIRST	MIDDLE	LAST	REG, NO	D. MONTH DA	Y YEAR	In wow
F 3, 6	(TYPI	CRASED NAME	Env	Putana	A. DATE OF DEATH	10,0	1960	16 HOUR
deal	3 SE	x conv	4 RACE	S DATE OF BIRTH!	6. AGE (IN YEARS LAST BIRTH	HDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
ie.	1	MALE	CAUC	MONTH DAY YEAR 1924	58		NTHS DAYS	HOURS MIN
TEN O		IRTHPLACE (STATE OR FOREIGN OUNTRY)	TE CITIZEN OF WHAT COUNT	RY?	9 BALTIMORE CITY OF		OF DEATH	
E PEOC	M	LWAUKER, WISC	USA	WIDOWED DIVORCED	Montgomes	ey		MD.
dy the dy the	S1	LUS DEING HIL	(IF NOT IN SUCH FACILITY, GIVE ST	RSING HOME OR OTHER INSTITUTION REET ADDRESS! LIKES SILSON MI	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF EDUCATOR	WORKING LIFE)	126. KIND O INDUSTRY	of BUSINESS OR
filled in a filled	13 ₆	AL RESIDENCE TH NURSING HOME OR STATE 136 COUN MON	OTHER INSTITUTION, GIVE RESIDENCE BY	EFORE ADMISSION)	13. STREET ADDRESS	nlied	RO	
withi shoul	14. F	ATHER'S NAME	Jan J Baco	15. MOTHER'S MAIDEN NA		to a	-	
ompleti and 2 s		John ?	AY Puta	Am FLORENC	e agne	, B	ROWA	
ficate be exec ysician and co pers. Pages 1 a oval.	16a \	WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) I IF YES, GIVE	AED FORCES? 166 SOCIALS WAR OR DATES) 397-/8	ECURITY NO 17 INFORMANT Car 8-8415 WIFE Car	olyn S. Pr	ss utnam	2.3.2.5	my mel.
aw requires that the death certificat een signed by the attending physici. Then please remove carbon papers. or to burial, cremation, or removal. any injury, or other traumatic even	NOIL	Canditions, if ony, which gove rise to immediate couse tal, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSE (b) CAR CI DUE TO, OR AS A CONSE (c) ONDITIONS CONTRIBUTING	QUENCE OF		DITION GIVE		9.30
cian. cian. rificate has b nsit permit. Hygiene pri n 18 shows	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	YES NO		WERE FINDING CAUSES	
SIC SIC Sert Sert Sert Sert Sert Sert Sert Sert		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA!	110110 1 11 11011111	DAY YEAR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PAR	T I OR PART 2)	
DING PHY ttending pl After this s the burial th and Mer marked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	21f LOCATION	CITY OR TOW	N	COUNTY	STATE
ATTEN tal or a CTOR: or use a of Heal		226.1 certify that (1) (this hospit sow the deceased alive an above, (1) (we) (did) (did not 27b. SIGNATURE	6 MAY	m_april 19.81 982 ond that in (my) (aur) opinion	death occurred on the do	te and hour o		
TAL AAL detac tate I		Carol Jean	Smith, Mr.	ATTENDING PHYSICIAN	MEDICAL STAF		9 MA	482
TO HOSPITAL retained by the TO FUNERAL should be detac with the State I IMPORTANT:		CAROL JEAN	Smith, M	19 15612 Grave	D Apparel, Sil	lung.	p mel	, 20904
	23a	BURIAL, CREMATION, REMOVAL	Α.	30 NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	C	OUNTY	STATE
BP		Burial	5/12/82	Union Cemetery	Burtons			
DHMH-16 25M (VRA 15, 4) 1/79	74 F	UNERAL DIRECTOR NAME Hines/Rinald	i 11800 N.H.	The self transmitted to the self-transmitted to the self-transmitted transmitted to the self-transmitted transmitted to the self-transmitted transmitted transmitt	e rec'd. By registrar	SA SECTION	ARS SIGNAT	ÜKE

The bound of the same of the s ARTHUR ELEMANNE LINE HELDER

DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-Mary Patricia Rankin DEATH MATED May 1982 4. RACE AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 3. SEX DATE LAST BIRTHDAY) PRONOUNCED Female Cauca. Mar.14,1948 34 YRS 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE (STATE OR MARRIED XX NEVER MARRIED Indiana United States DIVORCED Montgomery OR INDUSTRY Rockville Shady Grove Adventist Hosp. Homemaker Home 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a. STATE Henrico Richmond Banbury Road Virginia NO [15. MOTHER'S MAIDEN NAME John Cogan Figge Patricia 16b. SOCIAL SECURITY NO. 17. INFORMANT AD2 14 Banbury Road Husband T. Rankin Richmond, Virginia No 288 46 0432 Thomas 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: FAILURG ESPIRATORY DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which INTRACRANIAL gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF HANGING PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a DEPRESSION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? NOXX YES 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR . MONTH DAY YEAR HUNG. CONTRIBUTING CAUSE OF DEATH 21f. LOCATION (AT HOME. NOT WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an and in my apinion Hamicide Undetermined manner May 8,1982 TITLE (SPECIFY) Deputy DATE MEDICAL EXAMINER EXAMINER'S NAME Francis C. Mayle, M.D. 8200 Wisconsin Avenue Bethesda, Md. 236 NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. DATE May 10,1982 Lake View Cemetery Cleveland Ohio 12 1982 Carries Jan Mathe 24 FUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL **DHMH-17** HOMES, P.A., BETHESDA, MARYLAND (VR A15 ME (5)) 15M 7/76

STATE OF MARYLAND

3	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 1 3 4 0 5
1	T. DECEASED NAME FIRST (TYPE OR PRINT) MAYU	Louise Raven	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 5/21/82 335 Prom
(M)	FEMALE	RACE 5. DATE OF BIRTH White 2 10 85	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
# 122 ST	.Illinois	CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED MONORED WIDOWED MONORED	9 BALTIMORE CITY OR COUNTY OF DEATH Montgomery MD
Total to the	Takomu Park	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Washington Adventist Hospit	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 1 Housewife
The state of the s	SUAL RESIDENCE IF NURSING HOME OR O 130. STATE Maryland Pr 14 FATHER'S NAME	Geo Greenbelt YES NO [13e STREET ADDRESS 205 Lakeside Drive #102
2 / 163		PELLETIER NOTHER'S MAIDEN NA FIRST NORA	MIDDLE ME CORMACK
Timore ord	(YES, NO OR UNKNOWN) IF YES, GIVE Y	323 40 6583 George W.	The second secon
anticate ng physic bongape removal	18 CAUSE OF DEATH LEnter only PART I. DEATH WAS CAUSED IMMEDIATE	1.60 11 (0.00 1 1.00 1	anest MINERO CONSET AND DEATH
e death of annual move contribution of the con	Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF CONSE	ephelop thy
s fleet the ed by the please re- and, crem- or other	couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF althrosclerotee Can	dorsala breeze
require tr. Then your	NO NO	INDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	
The to-	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 216. TIME OF INJURY 216. HOW INJURY OCCUR	200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\subseteq \text{NO} \(\subseteq \subseteq \)
NOTAL SECIAN reg physic certifical manual from	OR CONTRIBUTING CAUSE OF DEATH	P.M. 19	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
DIVISION OF ING PHYSICI After this cert of the bornel- lift and Meritin nanked or them	ORK NOT WHILE	216. PLACE OF INJURY 1AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY STATE
TTEND paral a COR. for use of Man	220.1 certify that (I) (this hospital sow the deceased alive on above, (I) (we)	5/2// 19 8-2 and that in (my) (our) opinion	death occurred on the date and hour and from the couses stated

OF MH 16 SOW 1/81 (VRA 15, 4)

25May1982 24 FUNERAL DIRECTOR Robert E. Wilhelm Funera Poress

23b DATE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL Burial

Cemeter Suitland, MD

DEGREE

230 NAME OF CEMETERY OR CREMATORY

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

23d. LOCATION Md COUNTY

22c. DATE SIGNED

The state of the s The said the said of the said the said

DHMH - 16 50M 1/B1 (VRA 15, 4)

Gartner Sandison F. H.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH FIRST MIDDLE MONTH 2b. HOUR (TYPE OR PRINT) Hattie 4 RACE AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR 11 1900 Female White Nov. Jo. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Md. Montgomery WIDOWED DIVORCED | O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17h KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Gaithersburg Wilson Health Care Center Housewife USUAL RESIDENCE (IF NURS AE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Montgomery 15821 Quince Orchard Rd. Md. Gaithersburg YES [4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Andrew Jackson Mobley Selby Harriett 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 1894s Grandview Rd., (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-74-9467 No Doris Chamberlain Pasadena. Md. 21122 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19n DATE OF OPERATION 191. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH? NOIL NO [210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE ottended the deceased from. 220.1 certify that (I) (the may 82 and that in (my) (607) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on. DEGREE 22c DATE MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS John Fawcett, M.D. 16610 Sugarland Rd., Dawsonville, Md. 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23h. DATE (SPECIFY) Forest Oak Cemetery Burial Gaithersburg 316. E. Diamond Ave.

Gaithersburg, Md. 20877

10v. 11 1980 F 10 18 being there () 1 - 222-71-707 Curia Charlerialle saccare, Volv-17-263 MASS IT TORREST OF THE STATE OF THE STATE OF - STATE OF THE PARTY OF THE PAR A near many become for the 21 M C - 21 M C - 21 M C - 21 M C .bh (affilmet w. . . b brainens OfatiSEC. THE L. PERSON LAND THEFT HE SECTION SOLVEN AND AND THE SECTION SOLVEN AND AND ADDRESS OF THE SECTION A Continue T. s. Confrigue account to the Continue Teacher and the Cont

fo	1	FOR STATE REGISTRAR		DEPART	MENT OF H	EALTH AND MENTAL HYC	0 6	13	40	17
oy be oge 3 deoth		CEASED NAME FIRS	la F. Red	dmiles		AST	REG. N 20. DATE OF DEATH May 16,	MONTH DAY		ь ноия 6:50pm
4 moy	3. SE	x Female	4 RACE White		S. DATE O		6. AGE (IN YEARS LAST BIR	HDAY) IF U	INDER I YEAR I	FUNDER 24 HRS
		IRTHPLACE ISTATE OR FOREIGN VIRGINIA.	USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O			MD.
by the fi		Olney	Monto	gomery	Gene	ral Hospita	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O housewi)	ON E WORKING LIFE)	12b. KIND OF I	BUSINESS OR
AND 212 AND 212 AND 212 AND 212	130	Md Ho	OUNTY OWARD	GIVE RESIDENCE BEFOR 13c. CITY OR TOV Lisbon		13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 1,6370 010	l Freder	cick Ro	ad
marytanD 2120 red within 24 hours ompletely filled in by 1 and 2 should be file reconnect be man	14 F	ATHER'S NAME FIRST David	MIDDLE Fost	er LAST		15 MOTHER'S MAIDEN NA		Kibler	LAST	
BALTIMORE, ote be execu- vision and complete. Pages I val. ', fle medical	160	WAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YES	S. ARMED FORCES? S, GIVE WAR OR DATES)	166 SOCIAL SECT 21.4 1.2	4358A	David Redmi	les same as			
201 W. PRESTON ST., es that the death certificated by the attending phypicals remove carbon privatel, cremation, or remove or other traumatic even y, or other traumatic even	NO	Conditions, if ony, whice gove rise to immediate couse (a), stating the underlying cause los	DUE TO, O b C DUE TO, O C DUE TO, O C DUE TO, O	OR AS A CONSEQU	ENCE OF	Scular NOT RELATED TO THE TERM	inal disease or con	DITION GIVEN	na na	OF INTERVAL SET AND DEATH
At RECOl	CERTIFICATION	19a DATE OF OPERATION		PITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYING YES	G CAUSES OF	S USED F DEATH?
DIVISION OF VITAL RECORDS, OB PHYSICIAN: The low require outending physicion. The low requires the buriol-tronsit permit. Then the hond Mental Hygiene prior to be not deal as side with the side of them 18 stews ony injury	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE CO (IF EITHER, NOT IFY MEDICAL EXAM	HOUR A.	.M. MONTH D .M.	AY YEAR 19	216. HOW INJURY OCCURI 216 LOCATION STREET	RED (ENTER NATURE OF INJUR		OR PART 2)	STATE
ATTENDI ospitol or ECTOR: A d for use t. of Heol		WHILE NOT WHILE AT WORK 220.1 certify that (1) (this has been assorted by the deceased of the color of the c	oppositions and design the	ne deceased from	, ог	d that in (my) (our) opinion	to 5 1	ote and hour on	, tho	of (I) (we) lost uses stoted
by the ERAL DII		226. SIGNATE (1	Y E OR PR	M		ATTENDING PHYSICIAN D	MEDICAL STAF	IAN [5 P	1/12
TO HOSE retoined TO FUN should be with the IMPORTS	23a.	BURIAL, CREMATION, REMO	1			EMETERY OR CREMATORY 11 Cemetery	23d. LOCATION CITY OR TOWN	JA V	NTY C	STATE
DHMH - 16 60M 1/75 (VR A 15 (4))	24. F	JNERAL DIRECTOR NAME Donaldson	Funeral H			250. DAT	REC'D. BY REGISTRAR		SSIONATUR	Ein

STATE OF MAKTLAND

asithical 2 diner. The state of the s WELL TO THE The state of the s

	1.	FOR - STATE REGISTRAR		STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 2 1	3 4 0 8		
			RACE	S. DATE OF BIRTH MONTH DAY YEAR	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR 30 82 6.0 M IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS MOURS MIN.		
7		IRTHPLACE (STATE OR FOREIGN 71	L CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH		
1	Si	WASHINGTON, D.C. ITY OR TOWN OF DEATH IVEC SPEING	1. NAME OF HOSPITAL, NURSING	Hospital	176 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING: ROUTE SUPERVI	MER MD. 12b. KIND OF PUSINESS OR INDUSTRY CONT. BAKERY		
5	13a :	ARYLAND MONTGO		13d. INSIDE CITY LIMITS?	13600 MARTANNA	DRIVE		
1		JOSEPH	REED	13 MOTHER'S MAIDEN NAME FIRST		GODFREY		
		NAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE Y	WAR OR DATES)		SON ADDRESS 44 LITTLETON ROCKV	17 IVES STREET ILLE, MD. 20853		
	7	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c)	uc se	INAL DISEASE OR CONDITION GI	ylans yen in PART 1101		
2	CERTIFICATION	1% DATE OF OPERATION	IN CONDITION FOR WHICH OF	PERATION WAS PERFORMED	IN CERT	S. WERE FINDINGS USED FYING CAUSES OF DEATH? ES CO. NO CO.		
1	MEDICAL CER	21s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAD- IN EITHER YOURS MEDICAL EXAMINER:	P.M.	19	MRED (LINES MATHE OF MICH IN HIS MARY ("ON PART 3))			
	MED	AT WORK AT WORK	21e PLACE OF INJURY	M. EIC.) ZH. LOCATION	CITY OR NOWN	county state		
		12s.1 certify that (1) (this haspital saw the discussed alive on above, (1) (we) (did fidid name 22s. SIGNATUSE		DEGREE ATTENDING	to	that (b (we) limit or and from the course started 22c. DATY SIGNED 5/32/83		
		ALAN I KE	RMATER	ND 9801 GE	ORGIA AVE	. 5.S. MD 2090		
	23a E	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	236. DATE 236 NA 6/2/82 FT.	ME OF CEMETERY OR CREMATORY LINCOLN CEMETERY	BRENTWOOD	PRT GEO STAND.		

20901

RENTWOOD PRT GEO 51, 1982 Print GEO 51, 1982

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If He

BURIAL 6/2/82 FT. LI.
24 FUNERAL DIRECTOR FRANCIS J. COLLINS
500 UNIV. BLVD., W., SILVER SPRING, MD.

Alleger and the second of the HEART THE TEREST OF THE TO AND THE TO AND THE The state of the s

White contact was the contact of the barrents. HALLERS ASSESSED TRAINING THE PARTY OF THE P ABI TO MAKE THE G. W.T. SEPTEMBER IN AND THE The state of the s . Ste banks, call to a set and are

. Lepical T otel Penalc. Enite. | Duly 5, 1877 | 84 -Lykess, Po. T. S. A. lations lark. Hashington Adventist Bospital, House Ward. Paryland. Monto. Takona Park. + 8606 darland Ave. Taki. Honey Bounan. Ida, Imknorm. vo. 195-07-7606 A. Musselman Funeral Puneral Jones. Burdad. . "ser 12, 1982 Engla Coretor". Cola, Pa. . agott Issagu' a toks

Hines/Rinaldi 11800 N.H.Ave.S.S.Md.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 1/79

Older 1991 Cloverhill Loca Housewife Covalhons Parent Libraravolt 19881 . x . tanio grapograph hasiyielt the same of marked the same

COLUMN SE DECEMBER الأرائد والمعج BIO LONGA LINE

12	4
/	

executed within 24 hours of

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

FOR - STATE DEF

PARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	REG. NO.	1	3	4	1	3

	REGISTRAR			CEKITE	ICATE OF DEATH	REG. NO	o. •		
	CEASED NAME FIRST	MI	DOLE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	Erne	est	L	R	Sporks		5	382	5 8
3 SE		4 RACE		5. DATE C	OF DIOTU	6. AGE (IN YEARS LAST BIR	[HDAY]	IF UNDER TYPAR	IF UNDER 24 HRS
	male	Wh.	ite	MONTH	DAY O'S	78	YRS.	MONTHS DAYS	HOURS MIN
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8 AAA DDIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
	VA.	USI	A	WIDOWE		Mon-	tan	mer	U MD.
10. C	ITY OR TOWN OF DEATH		DSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCUPATI			BUSINESS OR
S	Iver Spring	Holy	Cross N	105	oital	CONSTRUCT			PUCTION
	AL RESIDENCE HE NURSING HOME STATE	OR OTHER INSTITUTION, G	IVE RESIDENCE BEFORE A	DMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			ATTE
	Md P.G	CO.	Hyattsu	ille	YES NO	5902 3	5151	ave.	
14. F	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME		LAST	
	PERRY	_	REXRO	DE	LESSIE			REI	D
	WAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, O	RMED FORCES?	66 SOCIAL SECUR		17 INFORMANT	ADDRE	SS		2.1
	NO	IONE	191-03-	5051	DOLA F. RE	XRODE (WIF	E) S	AME AS	#13
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	only one course	ne or a (b) and	511				APPROXIA BEIWEEN O	MATE INTERVAL INSET AND DEATH
		ATE CAUSE	lepte	cer	ua			du	ly .
160	2030	DUE TO OR	AS A CONSEQUEN	ICE OF	mil			1/.	
13	Conditions, if ony, which gove rise to immediate	(b)	medy	u	· manos	ne		19	1.
16	couse (o), stoting the	DUE TO, OR	AS A CONSEQUEN	ICE OF	0				
	underlying couse lost.	(c)					12		
7	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	NTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GI	IVEN IN PART 110	
CERTIFICATION		Y							
FIG.	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH O	PERATIO	N WAS PERFORMED	200 AUTOPSY?		ES, WERE FINDING IFYING CAUSES (
RTI						YES NO		ES 🗍	NO 🗆
Ü	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	216. TIME OF HOUR A.M		YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART 1 OR PART 2]	
OA	(IF EITHER NOTIFY MEDICAL EXAMIN			19					
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF	F INJURY T FACTORY, OFFICE FAR	M ETC]	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
`	ATWORK ANDWOOD			21		1-			
	27s I certify that (1) this has	ortol organized the	decrosed from 2	1/1	19 3 7	L 10 3/3			hot ((lost
	saw the descried glive of above, (I) (we) (did) (during	w the mody at	tter Moth. 19	24.00	d that o (our) opinion	deoth occurred on the do	te and ha	ur and from the c	ouses stated
7	27h SIGNATURE	111.	1.		DEGREE		77535	my saley.	IGNED
	/ runon	X O	enk	w	ATTENDING PHYSICIAN [MEDICAL STAF		13/3	183
	22d, PHYSICIAN'S NAME (TYPE	OR PRINT)	1.0016	1	22e ADDRESS 230	9 SHOR	assi	0/1	RI
	MIGICON	L.	LEIVE	IN	Whos	Hon a	111	, ,	
	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NA	ME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in In the translated for use as the busial-transit permit. Then please remove corbanaparis. Pages 1 and 2 should be find with the State Dept. of Health and Mental Hygiene prior to busial, cremation, or removal.

injury, or other traumotic event, the

IMPORTANT: If them 21 is morked or them 18 shows ony

BURIAL MAY 6, 1982 CLOVER HILL
24 FUNERAL DIRECTOR
CHAMBERS FUNERAL HOME RIVERDALE, MD. MAY 6, 1982 CLOVER HILL CEM.

EM. DAYTON, VIRGINIA

250. DATE REC'D. BY LEGISTRANSH REGISTRANS SICK MARK

MAY 1 0 1982

Takky ____ Nevice to the season of the season was a season of the season the second leaded and rain a real flore and the second second

OR	DEPARTM
TATE	DEI MATINI

STATE OF MARYLAND

	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 REG. NO.	13414
	1 DECEASED NAME FIRST	Michael	Rhea	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR A
	Lloyd			May 25, 1982	M
		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	Male	White	08/08/1957 YEAR	24 _Y	RS.
7	70. BIRTHPLACE (STATE OR FOREIGN COLUMNY)	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COL	JNTY OF DEATH
1	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
	Bethesda USUAL RESIDENCE (IF NURSING HOME ARE)	The Clinical Cer	nter, NIH	U.S. Navy (Re	
/	130 STATE Texas Tari	TY 13c, CITY OR TOWN	N 134 INSIDE CITY LIMITS?	13e STREET ADDRESS 2872 Centre	Court
	14 FATHER'S NAME	AIDDLE LAST	15. MOTHER'S MAIDEN N	· · · · ·	
-	Daniel W.	Rhea	Bettv	A.	Stamper
	160. WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU		ADDRESS	Stattiper
	Yes Yes Give	WAR OR DATES) 242-92-58	Mrs. Betty	A. Rhea, mothe:	r, same
			Серодо		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Hours 3 days 2½ years
	PART 2 OTHER SIGNIFICANT C	107	DEATH BUT NOT RELATED TO THE TER		
İ	Cachexia				
	Cachexia The Date of Operation The Accident was underlying	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NO X	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES TO NO TO
		, HOUR A.M. MONTH DA	Y YEAR 19	RRED (15010) NATURE OF PAULEY PAREN	()R. Palif (Ge/Falif 2)
	THE INJURY OCCUPRED AT WORK AND AN WHILE A LOOK AND AN AND A LOOK AT	71s PLACE OF INJURY JAZHOHE, STREET, FACTORY, OFFICE, FA	M. FIC I	CITYOKTOWN	COUNTY MATE
	22s.1 certify that X (this bospin says the deceased of me an shown X) (yes) (did) XX Xx		12 March 19 82 32 and that in XX (our) opinion	to 25 May death accurred on the date and	to 82 that 4 (we) last hour and from the causes shated
	Misicolar Lou	ued us	DEGREE ATTENDING PHYSICIAN 1	MEDICAL STAFF	2%. DATE SIGNED
1	THE PAYSICIAN'S NAME ITTE OF	MINIT	TAIL ADDRESS	Clinical Center	National

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT IF

23a BURGAL CREMATION REMOVAL (SPECE)

of Health, Bethesda, Md 20205

sedar Hill Crematory Suitland Sob5. Georgia MAY 28 1982 Silver Sprg, Md. MAY 28 1982 W.W.Chambers Funeral Home Silver

4:17	1081117 (2) (701		chael	.C.	142
		10 TO 12 To 1			o.E.
		W			· ·
	veens are				- C C-
zv 1 3 1 13			listen Concer,		
	mental stre		date fact	and at	6,000
mange const	L. Carrie	(av=			u ₹11.3
To low year	. Tode, codie	ngsot .sek		11nL	
2211		9.	and all land		
1000 E			is a filled		
					Literation 1
					vitations
					Nicotanii Nicota
					hemate.i5
					hemate.is
		2			

Maria Daniel Daniel De Amerika de La Companya de La Companya de Co

STATE OF MARYLAND

mg.	A		500
9	-	- 4	-

- STATE REGISTRAR		DEPART	CERTIFICATE OF DEAT	
DECEASED NAME	FIRS?	WIDDLE	LAST	20 DATE OF
YPE OR PRINT)	Donni d	Descript des	Di alemani	

		REGISTRAR				CEKITI	ICAIE OF DEATH	REG. NO	D		
		CEASED NAME	FIRST	A	MIDDLE		LAST			DAY YEAR	2b. HOUR
	{1496	OR PRINT)	David	Fr	anklin	Ri	chard	May	23, 1	1982	7:00 Am
	3 SEX	(4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	II UNDER 24 HRS
		Male		White		Octo	ber 19,1947	34	YRS.	MONTHS DAYS	HOURS MIN.
1	- (RTHPLACE (SIA)	TE OR FOREIGN	Th CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED	Montgamery		OFDEATH	MD.
1	10. CI	TY OR TOWN OF ethesda	DEATH	11. NAME OF H	H FACILITY, GIVE STREET	IG HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION INTERPRETARIOR MOST OF WORK FOR MOST OF Clerk		FEI INDUSTRY	Industy
1	130 S	AL RESIDENCE (IF STATE NNESSEE	134 COU		GIVE RESIDENCE BEFORE 13c CITY OR TOW Dyersbur	N	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS Route 3	J.		38024
1		THER'S NAME	Frai	nklin	Richard		15. MOTHER'S MAIDEN NA	AME MIDDLE nmn		Cook	ī
7		AS DECEASED			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
5	5	es, no or unknowi	1967	-1970°	408-80-1	.533	Mrs. Jane Ri	chard, Mothe	er, sa	me as p	patient
		18 CAUSE OF D PART I. DEAT	TH WAS CAUSE	nly one couse per D BY: TE CAUSE (b)	Septic s	hock			200	3 da	MATE INTERVAL ONSET AND DEATH
		Conditions, if		DUE TO, OI	Malignan	t Tym	phoma - proba	ably Burkitt	¹s	week	S
		couse to , underlying c	stoting the	DUE TO, OF	r as a conseque	NCE OF	Sal Tur				
	NOI	PART 2 OTHER	SIGNIFICANT	conditions <u>co</u>	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CONE	DITION GIV	EN IN PART 1 c) '
/	CERTIFICATION	19a DATE OF OF	PERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	IN CERTIF	S, WERE FINDING YING CAUSES	
1	MEDICAL CER	21a. AGCIDENT WA OR CONTRIBUTING (IF EITHER NOTIFY		AIH	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCU!	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 P	PART I OR PART 2]	
	MEDI	21d. INJURY OC	CURRED	21e PLACE ((AT HOME STR	OF INJURY BEET FACTORY OFFICE, F	ARM ETC)	711 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		sow the de	ceased alive or	May 23	e deceosed from	May] 2	9 19 <u>82</u> nd that in (n <mark>X</mark> (our) apinion	to May 23 and death occurred on the do			that 🗶 (we) last causes stated
		Janes Janes	· W	7Fa	th.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		271. DATE	SIGNED
		27 HYSICIAN	S NAME (TYPE	OR PRINT)			22e ADDRESS The	Clinical Cen	ter,	Nationa	1
		James	e w	. Ha	thoien		Institutes	of Health, B	ethes	da,Md.	20205

DHMH - 16 50M 1/B1 (VRA 15, 4)

hauld be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bu MPORTANT: If Item 21 is marked ar Item 18 shaws any

24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

236. DATE 5-27-1982 23c. NAME OF CEMETERY OR CREMATORY

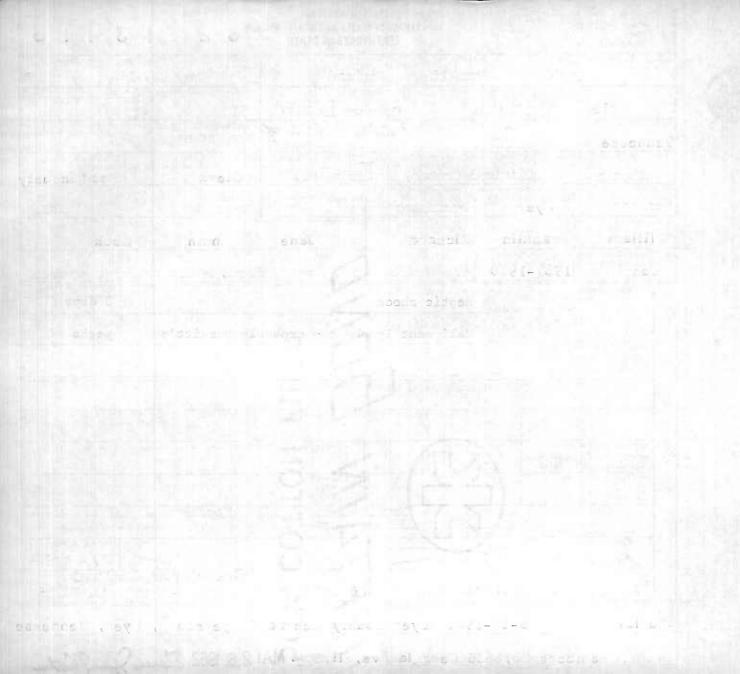
Dyer County Men Gard

23d LOCATION
CITY OR TOWN

Dyersburg,

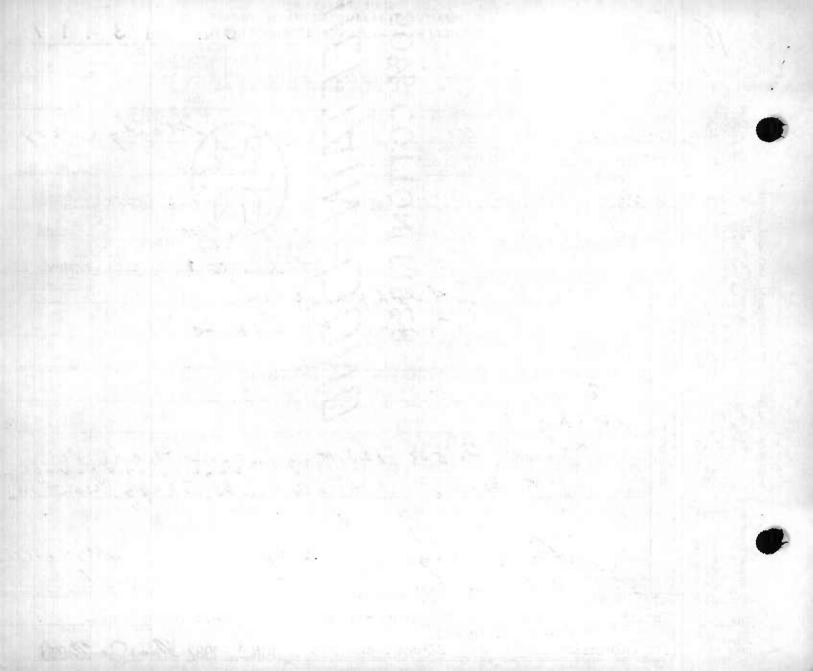
Burial

W. W. Chambers Co, 8655 Georgia Ave, Sil. Spg. MAY



the state of colors of the state of the stat Bullet Co. Land Comment Holen Comment Decreese Eller and a contract of the same

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME DATE KNOWN (TYPE OR PRINT) ESTI-ROSE MARGARET DEATH MATED 5/23 1982 9:53 4 RACE 2d. HOUR SEX 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED 3-15-44 9:53 female 38 DEAD 5/23/1982 cauc 7b. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED V NEVER MARRIED FOREIGN COUNTRY! USA WIDOWED Washington. D. C DIVORCED 6 FILED, 126. KIND OF BUSINESS Silver Spring Cross Hospitaal Secretary I.A.M.A.W 130. STATE 13b. COUNTY 13e STREET ADDRESS 13r. CITY OR TOWN 13d. INSIDE CITY LIMITS? 15524 Peach Orchardgo 20904 Montgomery Silver Spring 14. FATHER'S NAME John Mahaneu Behrend Martha Jane 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ED AS A BURIAL - TRANSIT PERMIT. PAGES I HEALTH AND MENTAL HYGIENE, DIVISION HUSBAND D. ROSE 214-42-2644 15524 Peach Orchard 1B CAUSE OF DEATH (Enter only one cause per line for (a). BETWEEN ONSET AND DEATH IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which rise ta immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION USED / 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ICATE, VAN. 15 FORWARDED TO THE CIT. 1708; PAGE 3 SHOULD BE USE! ATHE STATE DEPARTMENT OF 14 THE STATE DEPARTMENT OF 14 THE STATE DEPARTMENT OF 15 THE STATE 6 YES [] NO DE 216 TIME OF INJURY 21c. HOW INJURY OCCURRED HOUR A. MONTH DAY UNDERLYING CONTRIBUTING CAUSE OF DEATH 21 AT WORK NOT WHILE AT WORK PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PA
AFTER DEATH, WITH THE STA
BALTIMORE, MARYLAND, 2 22a I certify that I taak charge of the remains described above, held an death resulted fram Undetermined manner TITLE (SPECIFY) MEDICAL EXAMINER ADDRESS 1919 Seminary Road Silver Spring, Md. Rogers. M.D 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION May 26, 1982 Gate of Heaven Burial Silver Spring Mont. Md. 24. FUNERAL DIRECTOR Francis J. Collins 25c. DATE REC'D. **DHMH-17** 500 University Boulevard, W Silver Spring, Md. (VR A15 ME (5)) 15M 2/80



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHS REGISTRAR XXX I. DECEASED NAME XX KNOWN & 2b. HOUR [TYPE OR PRINT] OF ESTI-Patrick 8:341 5-29-82 Ross DEATH MATED 6 AGE (IN YEARS IF UNDER 1 YR. 4. RACE DATE OF BIRTH IF UNDER 24 HRS SEX DATE 3-17-14 YEAR LAST BETHDAY PRONOUNCED M W Th. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania USA WIDOWED DIVORCED Tacobsustry Transfer Co. 0. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION LTYPE OF WORK Warehouse man IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Washington Adventist Hospital SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES A 4 FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE MIDDLE John Bridgett Ross McHugh Tég. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS 166 SOCIAL SECURITY NO. I IF YES, GIVE WAR OR DATES) YES, NO, OR UNKNOWN 203-01-3995 Minnie L. Ross-wife- (same as 13e) yes APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: AND MENTAL HYGIENE, OR REMOVAL IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if ony, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID ED AS A P CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BUR YES [E 3 SHOULD BE BE VRITING THE WARDED TO THE GE 3 SHOULD B 2 Tb. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21201 PRIOR TO HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY 21f LOCATION 214 INJURY OCCURRED LAT HOME. PAGE 4 SHOULD BE FORWARDER
TO FUNERAL DIRECTOR: PAGE 3
AFTER DEATH, WITH THE STATE DE
BALLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY NOT WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy Inspection Homicide death resulted from: Suicide Undetermined monner TITLE (SPECIFY) MEDICAL EXAMINER XAMINER'S NAME John S. Rogers, DME 1919 Seminary Rd.. S.S. Md. **ADDRESS** 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION COUNTY STATE 6-2-1982 Burial George Washington Adelphi Georges 11800 N.H. Ave., 25a. DATE REC'D. BY REGISTRAR 24 FUNERAL DIRECTOR **DHMH-17** Hines/Rinaldi Funeral Home-Sil. Spring, Md. VR A15 ME (5) } 15M 2/80

g.l.s. prodest for

STATE OF MARYLAND

5. DATE OF BIRTH

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Silver Springsx

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b HOUR

:25am M

CERTIFICATE OF DEATH

23

MARRIED NEVER MARRIED

17. INFORMANT

13d. INSIDE CITY LIMITS?

L. zzie

20 DATE OF DEATH

1915

5/05/82 6. AGE (IN YEARS LAST BIRTHDAY)

66

9 BALTIMORE CITY OR COUNTY OF DEATH Montgomery

Bricklayer

12a USUAL OCCUPATION

126 KIND OF BUSINESS OR Building

IF UNDER 1 YEAR

13e. STREET ADDRESS

MONTH

9 Wolf Drive

15. MOTHER'S MAIDEN NAME

MIDDLE Z.

Zug

Ruth M. Royer same as 13e

BRONCHOPNEUMORIA + LUNG hEMORAMATE ORASA CONSEQUENCE OF MYELOGENOUS LEUKEMIA

APPROXIMATE INTERVA

DUE TO, OR AS A CONSEQUENCE OF

(AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

WILLIS J. ROYER

white

USA

7h CITIZEN OF WHAT COUNTRY?

Suburban Hospital

13c. CITY OR TOWN

Rover

16h SOCIAL SECURITY NO

197-10-5487

4 RACE

Montgomery

(IF YES, GIVE WAR OR DATES)

CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)

WW TT

(o), stoting

PART I. DEATH WAS CAUSED BY

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0

lost.

MONTH DAY YEAR

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? NO

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2)

CITY OR TOWN

COUNTY STATE

NOT WHILE 22a. I certify that (1) (this haspital) attended the deceased from...

Burial

- STATE

REGISTRAR DECEASED NAME

> sow the deceased alive on 5 May obove, (I) (we) (did) (did not) view the body ofter death

21b. TIME OF INJURY

P.M

21e. PLACE OF INJURY

HOUR A.M.

ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated

19

act

DEGREE

21f LOCATION

CONNECTICUT

22r. DATE SIGNED

23b DATE

234 NAME OF CEMETERY OR CREMATORY

22e ADDRESS

Norbeck Memorial Park

KENSINGTON

Norbeck Mont. Maryland

24 FUNERALDING Son Wheeler Funeral Home, Inc. 1331 PRockville Pike Rockville, Maryland

Manus

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

SEYUM . BALLER 1:25940 77 70° 5 10 detherds, Md Suburban Haseft tal there ever a second of the second eviso 2500 g feller if the target Call of the control o page All the first time a first page to a first the first time and time Tologo and the land of the lan . and . see . I properly . Lan. 1531 Cockylly Sixe constilled Maryland - Min Chrysons It.

1 - STATE

DHMH - 16 50M 1/B1

(VRA 15, 4)

REGISTRAR DECEASED NAME

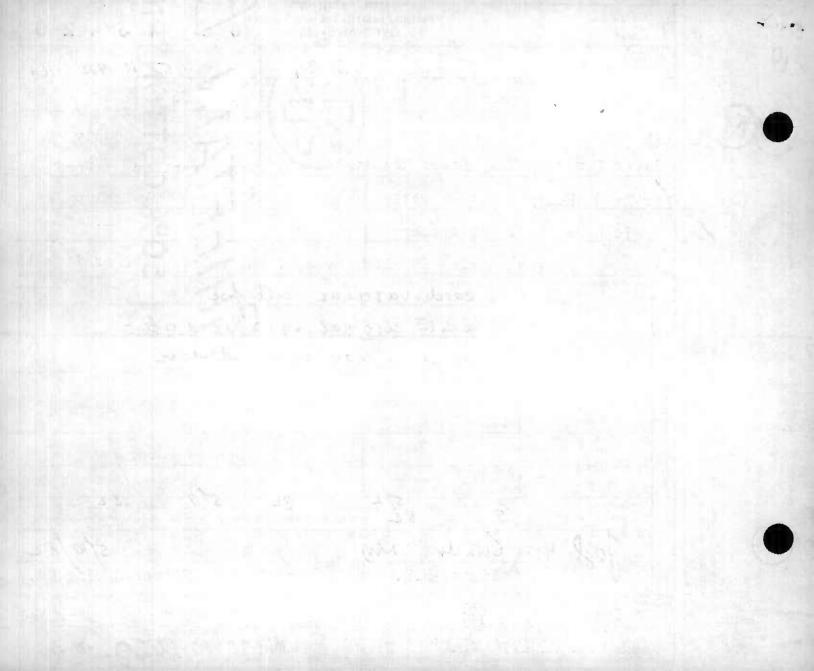
17b. KIND OF BUSINESS OR Restauranteur Food 138 New Mark Esplanade Finn Erna A. Ruitenberg Same as item 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH vascular accident 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the causes stated MEDICAL STAFF
DIRECTOR PHYSICIAN 9801 Georgia Ave. Silver Spring, Md. 13,1982 Silver Spring, Maryland Gate of Heaven 24 FUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE HOMES, P.A., ROCKVILLE, MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

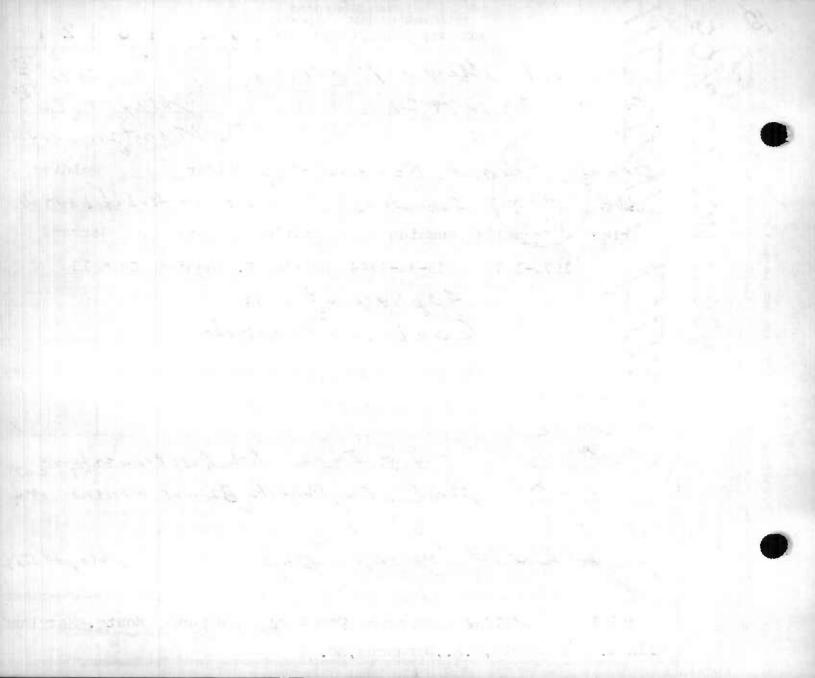
CERTIFICATE OF DEATH

20 DATE OF DEATH MONTH

1982



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHS REGISTRAR DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT OF ESTI-DEATH MATED IF UNDER 1 YR IF UNDER 24 HRS SEX DATE OF BIRTH DATE LAST BIRTHDAY MONTH MONTHS PRONOUNCED 000 FUNERAL D 5 FOR YO D, WITHIN 7 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY)
Hawaii USA WIDOWED DIVORCED 2, AND 3 TO THE FU 3. RETAIN PAGE 5 2 SHOULD BE FILED, V 201 W. ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12g. USUAL OCCUPATION (TYPE OF 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Welder Welding USUAL RESIDENCE (IF IN MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13. STREET ADDRES 13b COUNTY mascuit 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Shirlee Franklin Garrard Charles Rushing Mae T PERMIT. PAGES IN 7. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO **ADDRESS** (YES, NO, OR UNKNOWN) 1975-1978 035-38-4944 Charles F. Rushing Item Yes APPROXIMATE INTERVAL CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HEALTH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL. IMMEDIATE CAUSE (a A BURIAL - TRANSIT Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, MEDICAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of CERTIFICATION AS ont 190 DATE OF OPERATION USED/ 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD."P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF I TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES NO DE O CATE, WRITING THE WOR FORWARDED TO THE COR. PAGE 3 SHOULD BE 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH UNDERLYING AOR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21d. INJURY OCCURRED (AT HOME STREET, FACTORY, FARM, ET NOT WHILE AT WORK AT WORK 22a 1 certify that I taak charge of the remains described above, held an and in my apinian Suicide X Hamicide Undetermined manner death resulted fram: Natural causes TITLE (SPECIFY) SIGNATURE MEDICAL EXAMINER MR PRINT **ADDRESS** 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY Burial Damascus / Morbo Maryland Cemeterun BP. 24. FUNERAL DIRECTOR Molesworth, P.A., Damascus, Md. **DHMH-17** (VR A15 ME (5) 15M 2/80



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) Ryan Thomas May 6, 1982 John 4 RACE 5. DATE OF BIRTH 1. SEX & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR 12/02/1949 White 32 Male BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Montgomery Maryland WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE Bethesda The Clinical Center, NIH Manager SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136 COUNTY

12b. KIND OF BUSINESS OR INDUSTRY N.U.S. Trg.Ctr 9120 Bramble Bush Court Gaithersburg Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST John Ryan Teresa McCarthy I ME WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT 059-42-8520 Linda P. Ryan (wife) same No 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and ic APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cardiac Arrest IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF End Stage Cardiac Disease Conditions, if only, which gave rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF Aortic Stenosis underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20m AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? May 6, 1982 Severe Aortic Stenosis NOTE YES [210 ACCIDENT WAS UNDERLYING 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION AT HOME STREET, FACTORY, OFFICE, FARM ETC) CITY OR TOWN COUNTY STATE NOT WHILE 19 82 b Mar 220.1 certify that XI (this hospital) attended the deceased from 2 May saw the deceosed olive an 6 May 19_82_, and that investigate opinion death occurred on the date and hour and from the couses stated obove, W (we) (did) way not) view the body ofter death.

Depondent of the property of t

236 BURIAL, CREMATION, REMOVAL 23b. DAT

230 NAME OF CEMETERY OR CREMATORY

DEGREE

Institutes of Health, Bethesda, Md 20205

The Clinical Center, National

Burial 5-11-1982 Vestal Hills
14 FUNERAL DIRECTOR Gartner-Sandison Funeral Home
316 E. Diamond Ave. Gaithersburg, Maryland

Vestal Hills Memo. Park Vestal

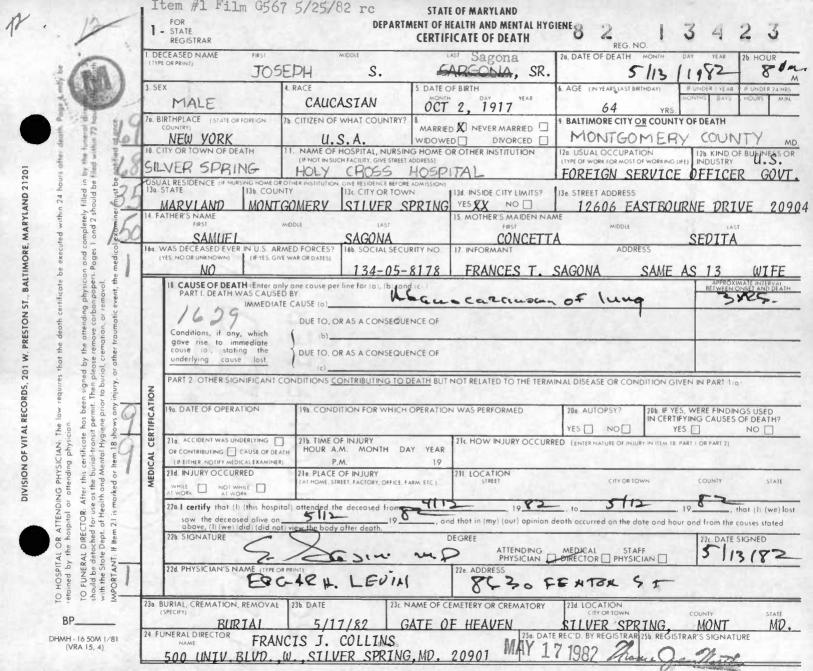
PHYSICIAN DIRECTOR PHYSICIAN C

New York Broome Cty.

220 DATE SIGNED

2b HOUR

DHMH - 16 50M 1/81 (VRA 15, 4) 475.47 .8.1.34 and the second of the second o South of Mintelline The same worker than the common will be seen to be a seen 14. E. Marroud .vo. Delbinsequest, Marghandi - FAT II II BULLER



SIL INTE pural to mention and the ET MISTER CHEST COCAP II LEAD PL S. CENTRE SPECIA

24 FUNERAL DIRECTOR Joseph Gawler's Sons. Inc.

NAM5130 Wisc. Ave. N.W. Wash. D.C. 20016

DHMH - 16 50M 1/B1

(VRA 15, 4)

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

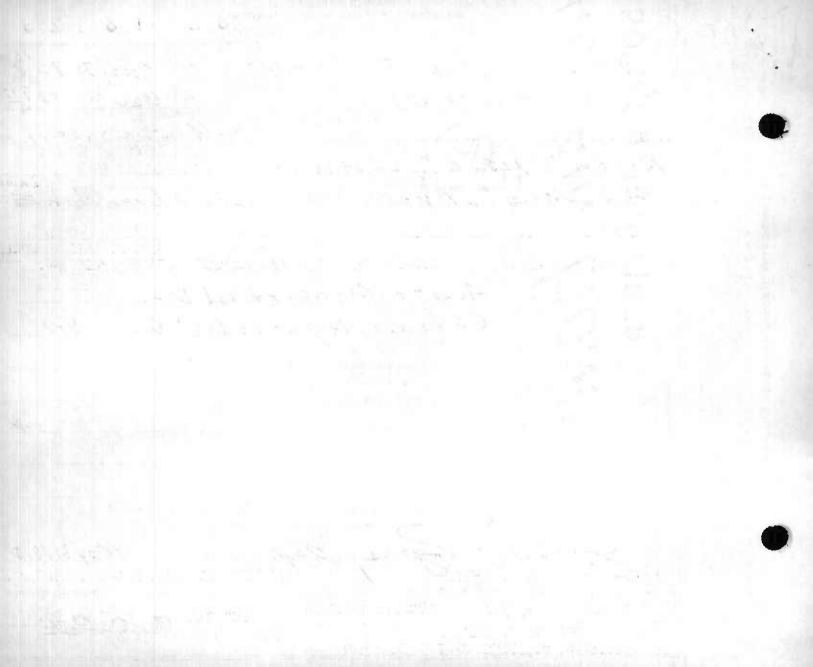
STATE

STATE

250 DATE REC'D. BY REGISTRAR 256 POSISTRAR'S SIGNATUR

1000 000 STREET THE STREET OF STREET ST . 17.5 Shry NoOrthe entropic vito STR-10-1511 Streets French Fill - 170 Ave. Edith. M. and an conta . The SB\S\a Aren sucod, 1 has . DATE . MEGAL B. TOO A. SECTION . CARD. ACCOUNT AND DESIGNATION OF A SECOND

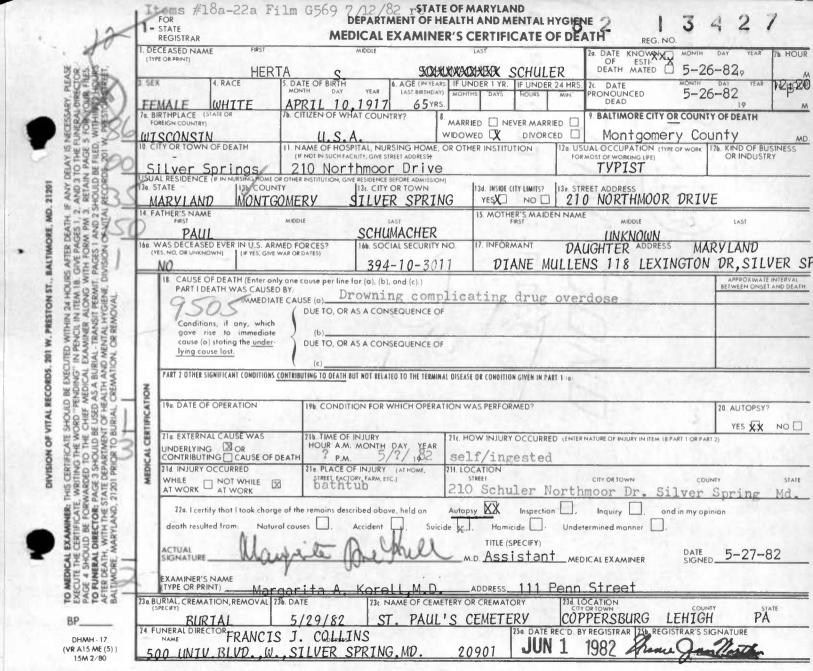
*^	1>				OF MARYLAND				
IN C. I	11.	FOR STATE		DEPARTMENT OF HE	ALTH AND MENTAL I	HYGIENE	1 7	2 1 1	0 0
1 . 6		REGISTRAR	M	EDICAL EXAMINE	R'S CERTIFICATE O	OF DEATH " .	EG. NO.) -1 2	. 2
1		CEASED NAME FIRST		MIDDLE	TAST	R			
B		PE OR PRINT)	/	2	011	20. DATE KNO	WN MONI	H DAY YEA	R 26 HOUR
Manual Str.		Chryt	cs /	Ya bart	Och mid	DEATH MAT	ED A	. 3hio 8	29/
1 Valid Best	3. SEX	4. RACE	5. DATE OF BIRT	H 6. AGE (IN YEARS	IF UNDER 1 YR. IF UNDER	R 24 HRS. 2t. DATE	MONTH	DAY YE	
公司公 至15	2.00	11	5. DATE OF BIRTI		MONTHS DAYS HOURS	MIN PRONOUNCED			927
N2222	-	a w	ROVII	24 25 9 YRS.		DEAD	MZV	31 198	7
AN A	7a. B	RTHPLACE (STATE OR	76 CITIZEN OF V	WHAT COUNTRY? 8.		9. BALTIMORE	CITY OR GOU	NTY OF DEATH	
3 3 5 5 5 5 7	FC	REIGN COUNTRY)			MARRIED NEVER MARE	A-1	1		
Z = 10 . 2	WAS	CHINGTON D. C.	1.	J.A.	VIDOWED DIVOR		100	ome	VY MD.
O Sire	10. C	TY OR TOWN OF DEATH	11. NAME OF HO	DSPITAL, NURSING HOME, C FACILITY, GIVE STREET ADDRESS)	R OTHER INSTITUTION	120. USUAL OCCUPATIO	N (TYPE OF WORL	126 KIND OF	BUSINESS
を主発車を ()()		B. 6 6.11-	(IF NOT IN SUCH	FACILITY, GIVE STREET ADDRESS)	.1. 01	FOR MOST OF WORKING L	IFE)		SIRY
A5-188	III C	COCA DI IC	16	-o CUIN	STORUY	T. V. T	ECHNIC:	LAN	
D. 21201 F ANY DEJA 2. AND 3TO 3. RETAIN PA SHOULD BE I		AL RESIDENCE (IF IN NURSING HOM TATE: 13b COL	INTY	GIVE RESIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS			DRIVE
AND		M. 1. 11	a hade	12 20 4-11.7	YES NO	1000	F.	2/.	Pt
0 # NEW -	IA E	ATHER'S NAME	OAZ	1.000		11020	(VV)	VE	1 /2
MANA SELECTION OF	14. 17	FIRST	MIDDLE	LAST	15. MOTHER'S MAID	EN NAME MIDDLE		LAST	
		CHARLES	C	SCHMIDT		VNA	MAE	GUN	IM
A A G E	16a V	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECURITY N	O. 17. INFORMANT	AD AD	DRESS		
1 世界の語句 /	{Y		VE WAR OR DATES)		MC		3589 S.	LEISUR	E MORTI
BAL BES AN WITH WITH DIVISION		VFS	WW_TT	577-26-39	27 LYDA MAE	TOWNSEND S	ILVER S	SPRING. A	D. BL
DIN PULL		18 CAUSE OF DEATH (Enter of	anly ane couse per lii	ne far (a) (b) and (c))				APPROXIA	ATE INTERVAL
ON ST.		PART I DEATH WAS CAUS	ED BY:	1	11.	1 1 / m	,	BETWEEN OF	SET AND DEATH
ON SEE STATE ON SEE STATE OF SEE STATE OF SEE SEE SEE SEE SEE SEE SEE SEE SEE SE		IMMED!	ATE CAUSE (a)	care	MYOCAY	J 12/11	3.1		
DY STANDARD OVER THE PARTY OF T		4271	DUE TO, C	R AS A CONSEQUENCE OF					
E E SEE		Canditions, if any, which	ch (historia	1110	111	ni	1/2	. 8
A A A A A A A A A A A A A A A A A A A	-	gave rise to immedio		, onie	MYOG	210121	115	//	
O E I WELL		couse (a) stating the <u>under</u> lying cause lost.	DUE TO, C	R AS A CONSEQUENCE OF				- 0	
201 W. UTED W IN PEN IN PEN IN AM IN PEN IN AM IN PEN IN P		lying coose lost.	(0)						
		BART 2 OTHER CICHIEICANT CONDITIO	NC CONTRIBUTING TO OF 17	M BUS NOS DEL 1250 DO 2112 DE					
RECORDS, LD BE EXEC PENDING" MEDICAL D AS A BUI KEALTH AN	-	PART 2 OTHER SIGNIFICANT CONDITION	M3 COMINSOUTING TO DEAT	H BUT NOT KELATED IN THE TERMINA	. DISEASE OR CONDITION GIVEN IN PA	ART 1 (a)			
FECO MEDINAL MEDINAL M	CERTIFICATION	100	no						
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1 =	19a DATE OF OPERATION	196. CONE	DITION FOR WHICH OPERAT	ION WAS PERFORMED?			20 AUTOP	SY?
< OO = S. A. ≥	1 %	1/2	ne						
NUSION OF VIT CERTIFICATE SH RITING THE WOR DEED TO THE CH E 3 SHOWN TO E DEPARTMENT OF DI PRIOR TO BUR	1 5		430					YES L	NO
P P P P P P P P P P P P P P P P P P P	8	210 EXTERNAL CAUSE WAS			21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR	PART 2)	
N SHOOT N		UNDERLYING OR		M. MONTH DAY YEAR					
S F S S S S S S S S S S S S S S S S S S	MEDICAL	CONTRIBUTING CAUSE O		M. 19	11/10/01/2001				
DIVIS IS CER ARITINA (RDED CE 3 SI TE DEP	9	216. INJURY OCCURRED WHILE NOT WHILE		E OF INJURY (AT HOME.	21f. LOCATION STREET	CITY OR TOWN		OUNTY	STATE
MIS CARIED	2	AT WORK AT WORK		Creating Creating	STREET.	CITORIOWN		OUNTY	SIAIE
± √3,8 5.2		AT WORK							
# N 등 등 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이		220. I certify that I taok cha	irge of the remains d	escribed obove, held on	Autopsy , Inspection	n Inquiry	ond in my	opinion	
A STATE A									
ME BE BE		deoth resulted fram: No	turol causes	Accident Suicid	e, Hamicide	Undetermined monner	L.,		
X X X X X X X X X X X X X X X X X X X			001		TITUE (SPECIFY)			44 -	
H P P P P P P P P P P P P P P P P P P P		ACTUAL	11/	Consella	un Den.	MEDICAL EXAMINER	DAY	45131	1982
DER BEST					M.D. Deff,		SIGI	NED C	DRIVE LAST GUNN ISURE WORLT
OF TRANS	1255	EXAMINER'S NAME 70	OHN S. ROC	GERS	1919	SEMINARY ROA	D. SIL	VER SPR	ING. MD.
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE ROBGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND,		(TYPE OR PRINT)	and or Kes		ADDRESS		,		
524548	23a.B	URIAL, CREMATION, REMOVAL		23t NAME OF CEMET	ERY OR CREMATORY	23d. LOCATION CITY OR TOWN			
20	(:	BURIAL	6/2/82	PARKLAWN	CEMETERY		1/01	UNTY	STATE
BP	24 5					ROCKVILLE	IVI	1 -	
DHMH - 17	79 F	NAME FRANCE	CIS J. CQJ	LINS	250. DATE	THE USBY REPUBLIKAR 12	THEADERARS		
(VR A15 ME (5))	5	OO UNIV. BLVD	I STILLED	SPRING MD 21	1901		V.	1	
15M 2/80		TO MILL DEVE	NOOTEVEN	STRING, MD. 2	////		C197751		

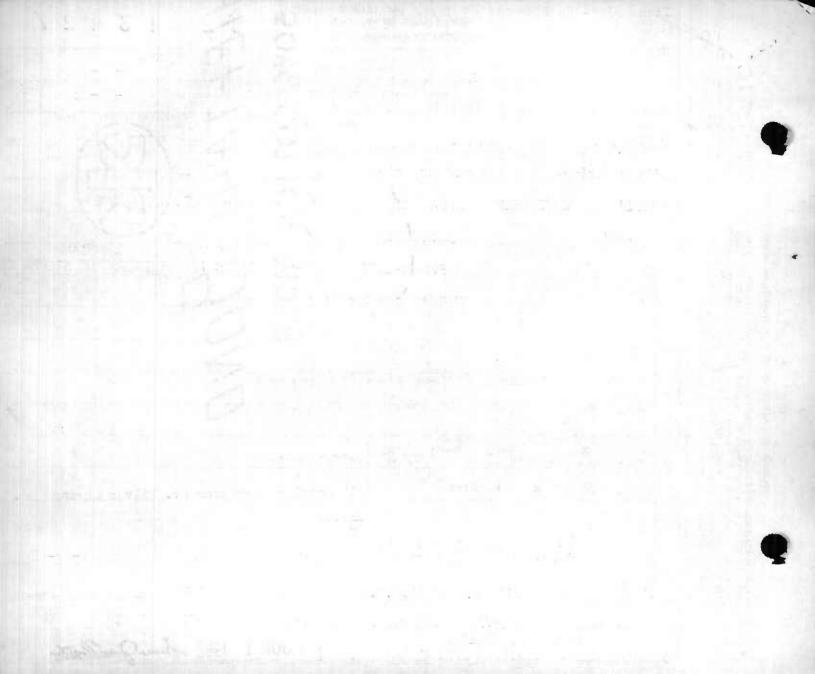


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH 2h HOUR MAX TYPE OR PRINTS 13 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) ALE HITE 09 7a. BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED RADIO 13e STREET ADDRESS SILVER SPRING 8301 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LEWIS MIDDLE SCHORR JENNIE MIDDLE TEITELBAUM 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT 840 PEAST 18th STREET (IF YES, GIVE WAR OR DATES) MOLLIE GREENMAN, BROOKLYN, NEW YORK 067-01-7590 18 CAUSE OF DEATH (Enter only one couse per line form), (b), and (c PART I. DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate couse (a), stating underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSYT 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 5-5-8 Carcinoma Stomas YES [NO F 21a. ACCIDENT WAS UNDERLYING 216: TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) COUNTY NOT WHILE 22a. I certify that (1) (this haspital) attended the deceased from -1.3 sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the couses stated hove, (I) (we) (did) (did not 274 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING . PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS MPORT A id b FORFST GLEN RD ROTHER SPRINGMD ZOGIO LEONARD 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY BURTAL PINELAWN, LONG ISLAND, NEW YORK 5/16/1982 WELLWOOD CEMETERY BY REGISTRARIA REGIST 24 FORNALDOMR STEIN HEBREW MEMORIAL FUNERAL HOME 1250 DHMH - 16 50M 1/81 (VRA 15, 4) 232 CARROLL STREET, N. W., WASHINGTON, D. C. MAY

STATE OF MARYLAND

The second of th Market All Control of the State Market Andrews Committee of the Committe





The state of the s Louistana Company Commissioned AND STATE OF THE PROPERTY OF THE PROPERTY OF THE STATE OF throught --- notherful remained 378-62-98-6 decord . comegnant 321 a thursh, W. Commence in the state of the st Margaritt Substance London substance and their Jon. June o'ce Man . not. The fire our wante, ... - cutter a supposition of

Inc., Sil, Spr., Md

umphrev

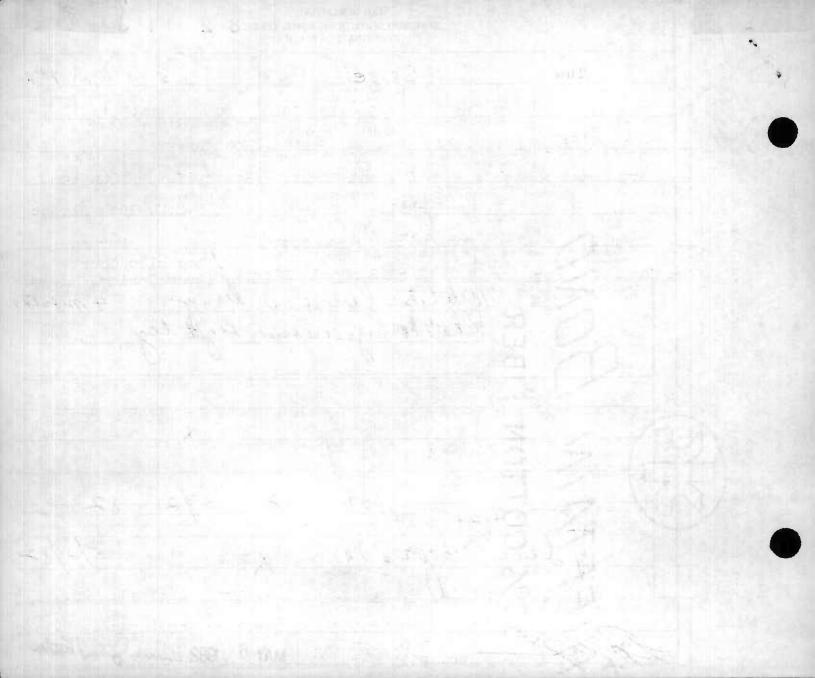
- STATE

(VRA 15, 4)

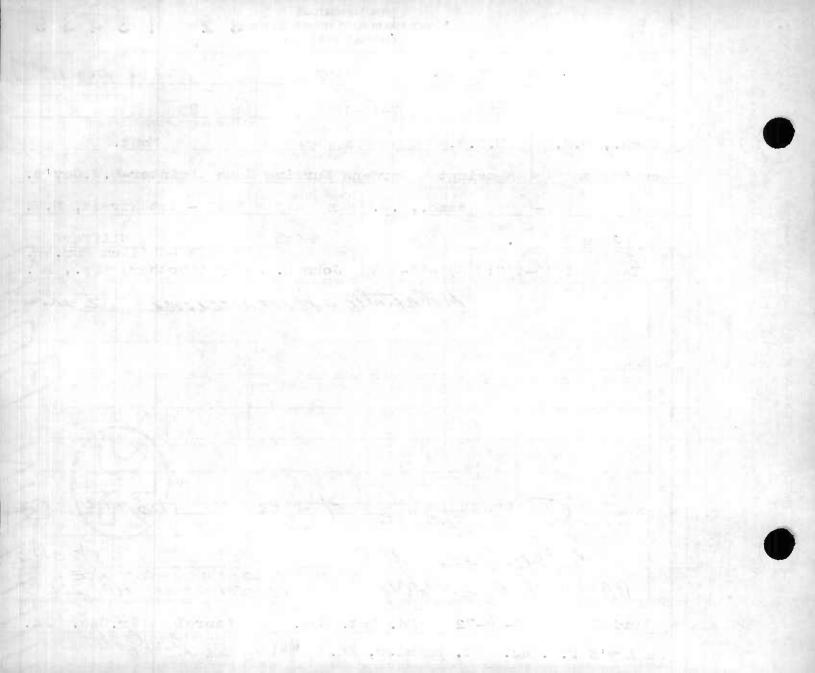
REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

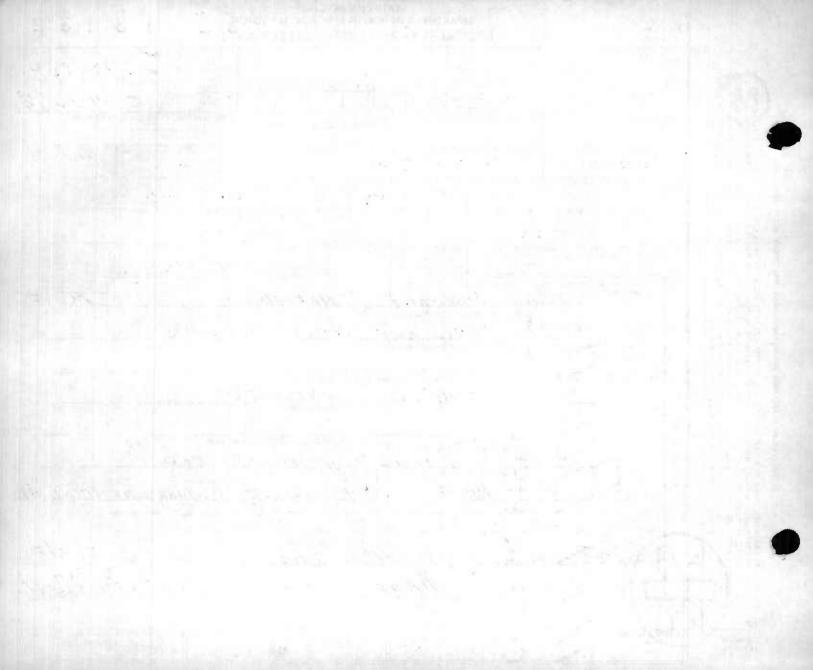


	1	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	HYGIENES 2 1 3	430
		ECEASED NAME FIRST PE OR PRINT) Jol	MIODLE	Co 11	20 DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
					7/44 19	1980 11
	3 8		4. RACE	5 DATE OF BIRTH MONTH DAY YEAR	MC	UNDER I YEAR IF UNDER 24
(NA	1	Male BIRTHPLACE (STATE OR FOREIGN	White	7-12-1896	85 YRS	
(XX)	1	COUNTRY)	76 CITIZEN OF WHAT CO	MARRIED LI NEVER MARRIED		
17	10	Wash. D.C.	U.S.A.	WIDOWED DIVORCED	☐ Mont	126 KIND OF BUSINESS
4/	/		(IF NOT IN SUCH FACILITY,	GIVE STREET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY
11/		ensington	Rensingt	on Gardens Nursing	g Home Painter-	U.S.Gov't
4	130	UAL RESIDENCE (IF NURSING HOME STATE 134 CC				and at the
1:4	114	FATHER'S NAME	- Was	h., D.C. YES NO DIS. MOTHER'S MAIDEN	5615 - 1st St	reet, N.W
M	1	FIRST	WIDDLE	LAST FIRST	MIDDLE	LAST
//1/	160	John WAS DECEASED EVER IN U.S.		1by Edith IAL SECURITY NO. 17. INFORMANT	6729#Shill	lifford
11	7 100	(YES, NO OR UNKNOWN) (IF YES,	SIVE WAR OR DATES!			
31					Selby (Brother)	
event, t		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line to	thandic p. O.	ceareradi	APPROXIMATE INTERV BETWEEN ONSET AND D
to burial, crematian, ar a njury, ar ather traumatic		PART 2 OTHER SIGNIFICAN	t conditions <u>contribut</u>	ING TO DEATH BUT NOT RELATED TO THE TE	erminal disease or condition given	N IN PART 10
ony (CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATION WAS PERFORMED	IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH
and Mental Hygiene ced or Item 18 shows	1 2	710. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21, HOW IN HIRV OCC	YES NO YES	
18	0	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MOI		CORRED (ENTER NATURE OF INJURY IN ITEM 18, PAR	T T OK PART 2)
Tem 7	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	P.M. 21e PLACE OF INJUR	y 211 LOCATION		
is morked or	ME	WHILE O NOT WHILE	(AT HOME, STREET, FACTOR		CITY OR TOWN	COUNTY STAT
is mark		AT WORK AT WORK		E/19.1	5/20	82
l is r	1	27a I certify that (1) this ha	The same of the sa		ion death occurred on the date and hour	, that (I (w
lept, af h	1	37h SIGNATURE	nor view the body other dea	th DEGREE		22c DATE SIGNED .
		X300 N	a anothan	// D ATTENDING	G MEDICAL STAFF	5/20/
with the State [IMPORTANT: If	-	122d. PHYSICIAN'S NAME (TYP	F (OR PRINT)		DIRECTOR PHYSICIAN	115
ORT		BARRY	V. ROSEN		TIO FARRAGUT ENSINGTON, L	D ZAFG
M M	22-	BURIAL, CREMATION, REMOV		236 NAME OF CEMETERY OR CREMATOR		v. Zu i
	230	(SPECIFY)	236. DATE 5-24-82	Md. Nat. Cem.	CITY OR TOWN	Geo. Md
-	24	Burial FUNERAL DIRECTOR	J-24-02		DATE REC'D. BY REGISTRAR 25b. REGISTRA	
/76		alley's F.H.	Tnc. Mt. Y	Rainier, Md.	2 6 1987 Many	-
)	1,	arrel a reme	7770			



To go of the loss of instrument of the property of a principal of accommon to recent BILL I (AMEDIAN PROJECT AND O L 295E)

11		1-	FOR STATE REGISTRAR				ICAL E	STATE OF HEAL XAMINER'S	TH AND A	MENTAL H	YGIENE F DEAT	H 2	EG. NO.	3	43	2
	Walter Co.		E OR PRINT)		onald	I	ee.	Sewe	LAST		2 a	OF EST	II	ONTH D	2 19 P	2b. HOUR
. (3. SEX	Male	4. RACE Black	c /	DATE OF BIRTH	, 192	2 60 YRS.	UNDER 1 YR.	HOURS		DATE CONOUNCED DEAD	MC	NTH D	DAY YEAR 1982	2d. HOUR 910 910
•	A STATE OF THE STA	FO		d.		U.S.A.		WID	OWED	DIVORC	ED 🗆		COMERS	7		MD.
	PAGE PIED	Gá	ithers	burg		(IF NOT IN 374 AC	A. GIVST	SING HOME, OR C	THER INSTIT	UTION	Land	L OCCUPATION STOF WORKING LESCAPER	ON (TYPE OF V	VORK 12b.	OR INDUST	JSINESS RY
21201	2, AND 3 3. RETAIN SHOULD I. RECORD	13a. S			OUNTY	Montg.		GR TOWN CRESburg	13d. INSIDE YES	CITY LIMITS?	13e. STREE	TADDRESS SI	mmit	Aver	nue	
MD.	PATH PPM VD 2		THER'S NAME	Richa			700	AST			ie Di			3	LAST	
BALTIMORE	URS AFTER DE B. GIVE PAGE WITH FORM DIVISION OF	16a. V	YAS DECEASED S. NO, OR UNKNO Yes	DEVER IN U.	S. ARMED S. GIVE WAR WW I	OR DATES)		16-7853	Mila		. Sew	ell (w	ife) s		as #1:	
ORDS, 301 W. PRESTON ST.,	UUD BE EXECUTED WITHIN 24 HOU "PENDING" IN FEM 18, 18, 18, 18, 18, 18, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19	z	Condition gove ris couse (o) lying cou	ns, if ony, the to immession the use lost.	which ediote	(b) CO DUE TO, OR A	S A CON	SEQUENCE OF SEQUENCE OF TO THE TERMINAL DIS	Ant	ON GIVEN IN PAI	SC (6)	ROSI	<u>(</u>		APPROXIMAT BETWEEN ONSE	
DIVISION OF VITAL RECORDS, 301	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICA FUNDER DEATH OF THE STATE DEPARTMENT OF HEALTH BATTEMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMA	MEDICAL CERTIFICATION	death results ACTUAL FONATURE EXAMINER'S (TYPE OR PRIN JRIAL CREMAT	IL CAUSEWA ING CAUSE OCCURRED NOT WHILL AT WORK Ty that I took ed from:	E OF DEA	21b. TIME OF HOUR AM. TH P.M. 21e. PLACE OF STREET, FACTOR OUSES	NIURY MONTH E INJURY RY, FARM, ET ibed oboverdent	DAY YEAR 12-19 8 2 C (AT HOME. 21f.	HOW INJUR OCATION STREET HOM OPSY ADDRESS OR CREMA	PSED Inspection incide : (SPECIFY) 8200 TORY	MEDICO	TURE OF INJURY IN BE CITY OF TOWN Inquiry Inquiry Manined monner AL EXAMINER	ond in	COUNTY OPINIO	Mon 5/15	NO
	DHMH - 17 (VR A15 ME (5)) 30M 7/73		NAME Orge R		den	246 N. Rockvi	Wash	nington S Md. 2085	treet	250. DATE	REC'D. BY R	1982	b. REGISTRA	ARO IGN	VATURE	



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	FOR - STATE REGISTRAR			DEPARTA		IEALTH AND MENTAL HYG	SIENE 8 2		3 4	3 3
	ECEASED NAME	FIRST	11111111	MIDDLE	i	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
1		Edna		М.	2	Shank	May	25, 1	982	2:40 M
. SI	EX	4	RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
1_	Female		Caucasi	an		mber 9,1895	86	YRS.	MONTHS DAYS	HOURS MIN.
70 E	COUNTRY)	FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
-	ryland			States	WIDOWE	DXX DIVORCED	Montgo	mery	Count	У мр.
I	Bethesda		Carri	age Hill	-Bet	Cedar Uane hesda	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Homemaker		12b. KIND O INDUSTRY Hot	er BUSINESS OR
13a. Ma	ryland	Montg	Υ	Bethesda	N	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 7013 Exfa	ir Roa	ad	
14. F	ATHER'S NAME FIRST William	M	DDLE	Heffner	r	15. MOTHER'S MAIDEN NAME FIRST ROSE	WE		Wort	hmille
	WAS DECEASED EVER (YES NO OR UNKNOWN) NO 18 CAUSE OF DEAT PART I. DEATH W	H Enter anily	ane cause per BY.	220-54-06 line for (a), (b), and	676	Anita B. Flac 4429 P St., I	W. Washing	ton, I	o.C. 20	0007 MATE INTERVAL DISSET AND DEATH
	440 Conditions, if any,	9 Which		R AS A CONSEQUE	NCE OF	espratuy	Bui		204	17
	gove rise to imm cause (a), statin underlying couse	g the	DUE TO, O	R AS A CONSEQUE	NCE OF	P. /			241	Cen:
NO	PART 2 OTHER SIGN	NIFICANT CO	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 110	
CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO X	IN CERTIF	, WERE FINDIN YING CAUSES S	
EDICAL CE	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	AUSE OF DEATH		FINJURY M. MONTH DA M.	Y YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART I OR PART 2)	
MEDI	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE []	21e PLACE	OF INJURY EET FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
	22a.1 certify that (1) saw the decease		attended th		3/	od that in m) (our) apinion	ta			that (I) (we) last

7501 Nortell Bu Befrost, und needy

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

23c NAME OF CEMETERY OR CREMATORY

DEGREE

Alexandria

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Virginia

221. DATE SIGNED

May 26,1982 Metropolitan Crematory At A. Pumphrey Funeral Homes, 250 DATE REC'D. Robert A. Pumphrey Funeral Homes, Bethesda, Maryland

1989

BP.

MPORTANT: If Item 21

to the corporary backure author Anne of the first the section of the 1 12 Frank 12 9 1012 may be the leading the second Destruction of the state of SECOLO CON TRULE CONTRACTOR OF THE PROPERTY OF

					OF MARYLAND		
	1-	FOR STATE REGISTRAR	D		EALTH AND MENTAL HYO ICATE OF DEATH		13434
6		CEASED NAME FIRST	MIDDLE	Shatil	ASI	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(NA)	1. SE	Luboy	RACE.	S. DATE C	15K Y	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	F	emale	WHITE	MONTH 8	-5-1893	88	MONTHS DAYS HOURS MIN
4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	To Bi	RTHPLACE ISLATE OR FORLOW 76	21. S. A.	UNTRY? 8 MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COL	OMERV MD
1 11 19	10.0	TY OR TOWN OF DEATH	. NAME OF HOSPITAL,		POTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	126 KIND OF BUSINESS OR
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	K	L RESIDENCE OF HUMBING HOME OR OTH	HER INSTITUTION GIVE RESIDEN	NOR NU	RSING CARR	SEC'TI	BANK
the state of the	11	ARYLAND MON	VTI CHEV	VCHASE	13d INSIDE CITY LIMITS? YES NO	4911 FALS	TONE AVE,
d and the	T:	THE SNAME	CORE REDE	LAST	15 MOTHER'S MAIDEN NA	MIDDLE RA	MAT ACTE!
secole dicole		(AS DECEASED EVER IN U.S. ARME ES, NO ORUNKNOWN) (IF YES GIVE W		AL SECURITY NO.	17 INFORMANT	ADDRESS	Con BHOLEM
15. Po	_	No	043	28 3078	DAUGHTER)	UBENIA / EOI	DOLI - PAMEAS 13
physic mpops mpops went, ti		PART I. DEATH WAS CAUSED B IMMEDIATE C	SY CA	Liac C	wees L		BETWEEN ONSET AND DEATH
or re motic e		4149		NSEQUENCE OF	Va 119	0 10	11 0000
he de he oth marka r trau		Conditions, if ony, which gove rise to immediate couse (a), stating the	(b) 03	may	ntery ons	ense	9-20-5
d by lease ial, cre		underlying couse lost.	DUE TO, OR AS A CO	NSEQUENCE OF	arteriosal	erris	yenso
equires signe Then p to bur njury.	NO	PART 2 OTHER SIGNIFICANT COL	NOITIONS CONTRIBUTIONS	NG TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 110
law re ermit e prior	CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FOR	WHICH OPERATION	N WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
N: The tysician icote ha consit pi Hygieni [18 show	ERT	71g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCUR	YES NOW	YES NO
SICIAN: ng phys certifico riol-tror entol Hy ltem 18		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MON	ITH DAY YEAR		The Telegraphore of Hook Hall	ALIA TAKE LORY AND A
G PHYS of the burner ond Me ked or It	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY	,	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DING or at After se as t calth o		AT WORK - AT WORK	attended the deceased	from Co	1.76	Preser	that (1) (we) lost
ATTEN Spitol CTOR I for u of He		22a. certify that (1) (this hospital) ceosed alive on del (did (did not) v	5 8 8 2-		d that in (our) opinion	death occurred on the date on	d hour and from the couses stated
the ho the ho I DIRE toched e Dept		The Contract of	100000	4/4	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
CO HOSPITAL TO FUNERAL should be det with the Stote IMPORTANT:		224 PHYSICIAN'S NAME (TYPE OR PR		1 14 0	22e ADDRESS	DIRECTOR PHYSICIAN	
retoined I	22- 0	GEORGE CIT	DUCKANA			Morrico Are, No	W. Washington 40
BP	230 6	URIAL, CREMATION, REMOVAL	236. DATE 15'8	2 POCK	CREEK CENT	23d. LOCATION	Vatar, Dica
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FJ	1507/10	1 DE 1/64	FUNERH	L Hame 250 DA	IV 1 8 1002	GISTRA SIGNATURE
	LX	W) CA	WASH	1N/2 90N	D.C.	11 7 0 1307 5	S. William

PART TO A STATE OF THE STATE OF FORM - WHITE 5 -- 187 - 88 RUSSIA WS.A X HONTEROMERY KENSINGTEN CIRCLEMANCE NURSENECTED SEC'TI BANK MARYLAND MONT GROYPHAGE Y HAN FALSTONE PUECE LEGICIE SHTAYELBREE PANNA BALLMENETEN No OHS IS SOTE DAMENTES) ENGENTE TEODONI - HAVE NO 13 MAYIS 82 BOOK CRESILEM - WASSINGERS DE

500 UNIV. BLVD. . W. . SILVER SPRING, MD. 20901

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

数を含まる。

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH YEAR 26 HOUR TYPE CHIPRINTS MARGARET May E SHORT 82 528 a M 4 RACE IF UNDER 1 YEAR IF UNDER 24 HRS 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3.5EX 1891 White FEMALE Feb. O. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Penna. U.S.A. WIDOWED MONTGOMERY COUNTY DIVORCED O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY At Home BETHESDA Homemaker SUBURBAN HOSPITAL BALTIMORE, MARYLAND 21201 ISUAL RESIDENCE (IF NURSING HE 131 COUNTY # 7 Chalfont Court 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Montgomery Maryland Bethesda 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Noone Rose Moffitt Thomas ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-54-8788 Gerald K. Cassidy, Same address as # 13. 18 CAUSE OF DEATH (Enter only one couse per line topic) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PRESTON ST Canditions, if any, which gave rise to immediate couse (o), stating underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 DIVISION OF VITAL RECORDS, CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOL YES [NO I 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2 Ic. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION COUNTY STATE CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (H)(we) (did) (did nat) view the bady after death DEGREE 22b. SIGNATURI 22c. DATE SIGNED ATTENDING MEDICAL STAFF
DIRECTOR PHYSICIAN FUNERAL uld be deta h the State PHYSICIAN MPORTANT 22 ADDRESS 22d. PHYSICIAN'S NAME ITYPE OF PRINT 8218 Wisconsin Ave., Bethesda, Md. J. Blaine Fitzgerald 23d, LOCATION 230 BURIAL CREMATION REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Silver Spring, Maryland STATE Burial 5/10/82 Gate of Heaven Cem. 24 FUNERAL DIRECTOR JOSEPH GAWLET'S Sons, Inc. 250. DATE REC'D. BY REGISTRAR 255. REGISTRAR SSIGNATO M. DHMH-16 30M 2/80 5130 Wisconsin Ave., NW, Washington, D.C. 20016 Charces (VRA 15, 4)

Ac-54-8788 | Morolly . Departy, man software the line e , unione , e se se estado e Mineroada nobele . Amelytoff rates toward on the toward for the formation of cond the fact to one

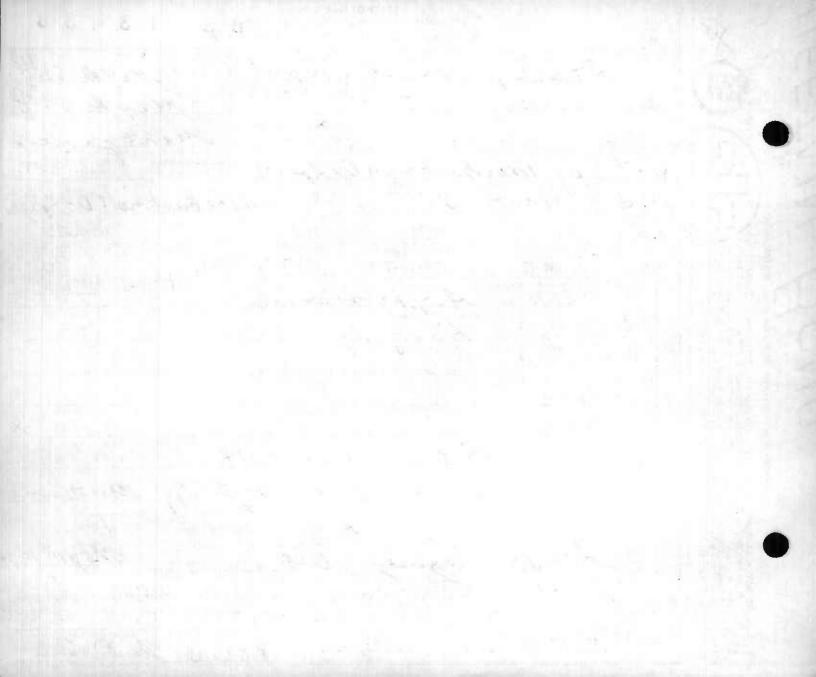
Fisc Maconsin &ve., le, Mantanagon, . . .

BP.

DHMH 16 50M 1/81 (VRA 15, 4)

						E OF MARYLAND					
	1 -	FOR - STATE REGISTRAR		DEPAR		IEALTH AND MENTAL	HYGIENE	8 2 REG. N	. 1 ;	3 4 3	3 7
		CEASED NAME FIRST	. ^	AIDDLE		LAST	2a D/		MONTH DAY	Y YEAR 2b	HOUR
Ħ		TERESA		V	SH	16RUE	4	5-17-	82		858 M
	3 SEX		4 RACE	Ser. 1.17	S. DATE C			E (IN YEARS LAST BIR			UNDER 24 HRS
		FEMALE	CAUCAS	SIAN	14101411	24,1907		74	YRS	VIII3 DATS INC	DURS MIN.
0	7a Bi	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY	r? 8 MARRIE	D NEVER MARRIED	9. BAI	TIMORE CITY C	R COUNTY O	FDEATH	
0		SSACHUSETTS	U.S.A.		WIDOWE			Monte	romer	11	Zy MD
70	B	ethesda	Suft	u facility. Give stre	ET ADDRESS	or other institution	(TYPE	SUAL OCCUPATION WORK FOR MOST OF WORK FOR MOST OF MOST	F WORKING LIFE)	126. KIND OF BI	SINESS OR
5	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN MARYLAND MONTG	JTY	GIVE RESIDENCE BEFO 13c. CITY OR TO OCKVILL	WN	13d INSIDE CITY LIMIT YES XX NO		REET ADDRESS	REE LAI	VE	20853
1	14 FA	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN			-1	2	
21		HERBERT	MIDDLE	SCHINZE	L	TERE	ESA	WIDDLE		SHEA	
1		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SEC	CURITY NO.	17 INFORMANT		ADDRE	SS		
		NO		039-20-	7128	ROBERT H.	. HANS	ON SAME	AS 13	SON-IN	1-LAW
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gave rise to immediate cause (a), stating the	D BY: TE CAUSE (a) DUE TO: (b)	Respi AS A CONSEQ AS A CONSEQ	ater	Lailer Jul	lun	ang des	ene	BETWEEN GINSE 3 da 2 + y	ys,
	z	underlying cause last. PART 2 OTHER SIGNIFICANT C	((c)			NOT RELATED TO THE	TERMINAL D	ISE ASE OR CON	DITION GIVEN	IN PART Ita	
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED		AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES [VERE FINDINGS NG CAUSES OF	USED DEATH?
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	111	M. MONTH	DAY YEAR	21c. HOW INJURY OC	CURRED (EN	NTER NATURE OF INJUI	RY IN ITEM 18 PART	1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY SET, FACTORY, OFFICE		21f LOCATION STREET		CITY OR TO	wN	COUNTY	STATE
		220.1 certify that (1) (this hospit saw the deceased alive on	5/1	19	Gm /	nd that in (my+(aur) opi	nion death o	ccurred on the do	, 19.		H (we) last
		Sella Li	The body			DEGREE ATTENDIN PHYSICIA		ICAL STAF		220 DATE SIG	NED NED
		JOEL A. RR	ISKIN,	Kest		1.808 V	ENS	MILL,	RD	208	5/
	23a B	BURIAL, CREMATION, REMOVAL	236 DATE			EMETERY OR CREMATO	ORY 23d	LOCATION		OUNTY	67.14
		BURIAL	5/19/	82 (GATE 01	HEAVEN	SI	LVER SPI	RING	MONT	STMD.
	24 FU	NAME SOO UNITY BLUD		WILLIAME 22	ואם אח		MAY 1	9 1002	256 REGISTRA	R'S SIGNATURE	
		500 HMLLV KLVD	W SII	VEK SPK	INIT. WILL.	. / // //	21117	3 19K/	1000	1	and the

.



4 may be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8	2	ı	3	4	3
CENTIFICATE OF DEATH		REG. N	NO.			
LAST	20 DATE	OF DEATH	MONTH	DAY	YEAR	26. HO

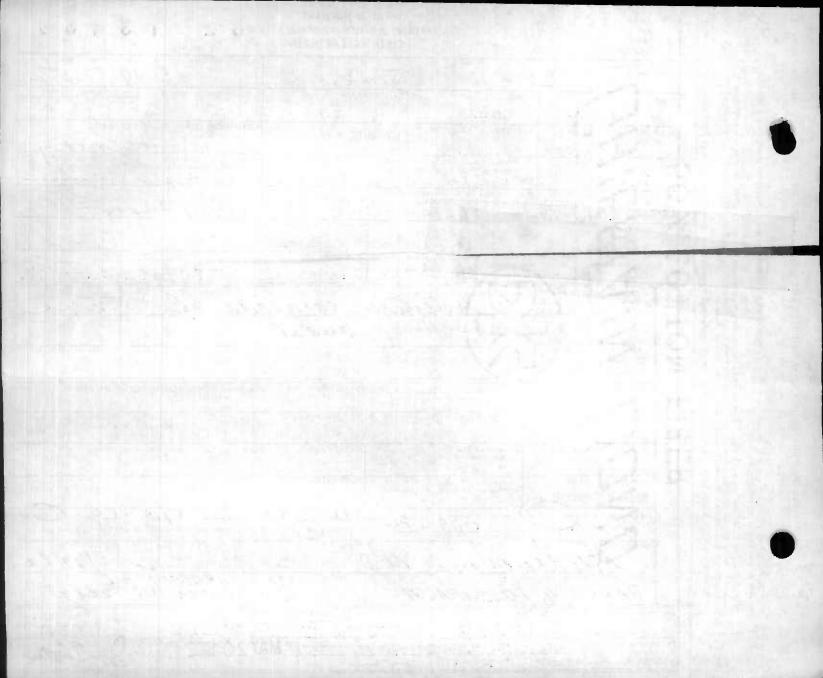
1-	FOR STATE	DEPA	CERTIFICATE OF DEA	TH .	EG. NO.		
	REGISTRAR		LAST	20 DATE OF DE		DAY YEAR	26. HOUR
	CEASED NAME FIRST	MIDDLE	LASI	76 DATE OF DE	4111		-45
(TYPE	OR PRINT)	110	· Sinkin	S27.51 M	.5	19 82	15 A
	312	17	SIRKIS				17
3 SEX	v 4	RACE	5 DATE OF BIRTH	6 AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 H
	`		MONTH DAY	YEAR /		MONTHS DAYS	HOURS MI
	Female	Cauc.	7 27	16 43	Y	RS.	
			DVO I	9 BALTIMORE	CITY OR COL	INTY OF DEATH	
		CITIZEN OF WHAT COUNT	MARRIED NEVER MAR	RIED	CIT I OK COU		
CC	OUNTRY)	** G A			12	for 1 may	RY
	MARYland	U.S.A		RCED /	16.1		
10 C	ITY OR TOWN OF BEATH	NAME OF HOSPITAL, NU	IRSING HOME OR OTHER INSTITU	TION 120 USUAL OC	CUPATION	126. KIND (OF BUSINESS
10. 0.	1	(IF NOT IN SUCH FACILITY, GIVE S	TREET ADDRESS)	(TYPE OF WORK FOR		ING (IFE) INDUSTRY	
10	TheAtoN K	Par-lolah L	4,115 NUSSING	House	wite		
w		MAROLPITE		778 0 111			
USU	AL RESIDENCE (IF NURSING HOME OR OT	HER INSTITUTION, GIVE RESIDENCE I	TOWN 136 INSIDE CITY	LIMITS? 134 STREET ADD	DRESS	111-	
130	0 1 10 1.			00 1240	17 -6	laton St	_
11	1AR4/and 11/60	Tomere alle	7 /		/	-2-1-1-01	-
14 E	AIHER'S NAME		15. MOTHER'S M				
12.10	FIRST	DLE LAST	FIRS		IDDLE	A IN	
	linhan	(9000	than Do	RA		(0)	4eN
Hán V	WAS DECEASED EVER IN U.S. ARMS		SECURITY NO 17 INFORMANT	3 /	ADDRESS		
	YES NO OR UNKNOWN) I (IF YES, GIVE W.	AR OR DATES)					
	NO	1214-16	-3178A Joseph	Sirkis;12407	Feldon	St.: Whea	ton. M
			or, ar joudepin	0111110	1 010011		
	18. CAUSE OF DEATH (Enter only	one couse per line for (a), (b)	o), and (c)		100	BETWEEN	ONSET AND DEA
	PART I. DEATH WAS CAUSED I	BY: 11-17	allater Cal	asona	-11		1.4 1
	WALLED LATE A			AND A ARMED AND A	04	16	YRA
	I A MANTOIAIT	CAUSE (D)	mount -we	constra			
	1711 G IMMEDIATE	CAUSE (D)	The the	acrotha .	1		
	1749 IMMEDIATE		EQUENCE OF PLACE	14	1		
	1749	DUE TO, OR AS A CONS	EQUENCE OF lives	xt		TVAR TO T	
	Conditions, if ony, which		EQUENCE OF bree	et			
	Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONS		nt.			
	Conditions, if ony, which gove rise to immediate cause (a), stating the			rt.			
	Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONS		rt			
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	EQUENCE OF	rt	R CONDITION	N GIVEN IN PART 1	(0)
7	Conditions, if ony, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	EQUENCE OF	rt	R CONDITION	N GIVEN IN PART I	(0)
NOI	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	EQUENCE OF	rt	R CONDITION	N GIVEN IN PART 1	(0)
ATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) NDITIONS CONTRIBUTING	EQUENCE OF	THE TERMINAL DISEASE O			
ICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) NDITIONS CONTRIBUTING	EQUENCE OF	THE TERMINAL DISEASE O	Y2 20b.	N GIVEN IN PART 1 IF YES, WERE FIND ERTIFYING CAUSE	INGS USED
IFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) NDITIONS CONTRIBUTING	EQUENCE OF	THE TERMINAL DISEASE OF	20b.	IF YES, WERE FIND ERTIFYING CAUSE	INGS USED S OF DEATH?
RTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) NOTITIONS CONTRIBUTING	EQUENCE OF STO DEATH BUT NOT RELATED TO HICH OPERATION WAS PERFORM	THE TERMINAL DISEASE OF	72 20b. IN C	IF YES, WERE FIND ERTIFYING CAUSE YES	INGS USED
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (b), stating the underlying couse last. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) NDITIONS CONTRIBUTING IN CONDITION FOR WI	EQUENCE OF TO DEATH BUT NOT RELATED TO HICH OPERATION WAS PERFORM	THE TERMINAL DISEASE OF	72 20b. IN C	IF YES, WERE FIND ERTIFYING CAUSE YES	INGS USED S OF DEATH?
L CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) NOTITIONS CONTRIBUTING	EQUENCE OF TO DEATH BUT NOT RELATED TO HICH OPERATION WAS PERFORM	THE TERMINAL DISEASE OF	72 20b. IN C	IF YES, WERE FIND ERTIFYING CAUSE YES	INGS USED S OF DEATH?
	Conditions, if ony, which gove rise to immediate couse (b), stating the underlying couse last. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) NDITIONS CONTRIBUTING IN CONDITION FOR WI	EQUENCE OF TO DEATH BUT NOT RELATED TO HICH OPERATION WAS PERFORM	THE TERMINAL DISEASE OF	72 20b. IN C	IF YES, WERE FIND ERTIFYING CAUSE YES	INGS USED S OF DEATH?
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO 19a. DATE OF OPERATION THE ACCOUNT WAS UNDERLYING COUNTY OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF COUNTY WEB CALLED AND COUNTY OF COUNTY WEB CALLED AND CAUSE OF DEATH OF COUNTY WEB CALLED AND CALLED AN	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) NDITIONS CONTRIBUTING IN CONDITION FOR WITH THE OF INJURY HOUR A.M. MONTH P.M.	EQUENCE OF TO DEATH BUT NOT RELATED TO HICH OPERATION WAS PERFORM DAY YEAR 10	THE TERMINAL DISEASE OF	72 20b. IN C	IF YES, WERE FIND ERTIFYING CAUSE YES	INGS USED S OF DEATH?
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO 19a. DATE OF OPERATION 21a. ACCOUNT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH FEBRER NOTEY MEDICAL EXAMINER 21a. INJURY OCCURRED	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) NDITIONS CONTRIBUTING IN CONDITION FOR WI THE CONDITION FOR WI THE OF INJURY HOUR A.M. MONTH	EQUENCE OF TO DEATH BUT NOT RELATED TO HICH OPERATION WAS PERFORM DAY YEAR 19	THE TERMINAL DISEASE OF THE TE	72 20b. IN C	IF YES, WERE FIND ERTIFYING CAUSE YES	INGS USED S OF DEATH? NO []
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO 19a DATE OF OPERATION THE ACCIDENT WAS UNDERLYING COUNTRELITING CAUSE OF DEATH (SEEDLES NOT WHILE COUNTRED WHILE COUNTRED WHILE COUNTRED	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) NDITIONS CONTRIBUTING THE CONDITION FOR WI THE TIME OF INJURY HOUR A.M. MONTH P.M. THE PLACE OF INJURY (AT HOME STREET, FACTORY, OF	EQUENCE OF TO DEATH BUT NOT RELATED TO HICH OPERATION WAS PERFORM DAY YEAR 19 THICK, MAIM, ETC.) THE LOCATION STREET	THE TERMINAL DISEASE OF THE TE	20b. IN C	IF YES, WERE FIND ERTIFYING CAUSE YES M IR PART I OR PART 2]	INGS USED S OF DEATH? NO []
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO 19a DATE OF OPERATION THE ACCIDENT WAS UNDERLYING COUNTRELITING CAUSE OF DEATH (SEEDLES NOT WHILE COUNTRED WHILE COUNTRED WHILE COUNTRED	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) NDITIONS CONTRIBUTING THE CONDITION FOR WI THE TIME OF INJURY HOUR A.M. MONTH P.M. THE PLACE OF INJURY (AT HOME STREET, FACTORY, OF	EQUENCE OF TO DEATH BUT NOT RELATED TO HICH OPERATION WAS PERFORM DAY YEAR 19 THICK, MAIM, ETC.) THE LOCATION STREET	THE TERMINAL DISEASE OF THE TE	20b. IN C	IF YES, WERE FIND ERTIFYING CAUSE YES M IR PART I OR PART 2]	INGS USED S OF DEATH? NO []
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO 19a DATE OF OPERATION THE ACCIDENT WAS UNDERLYING COUNTRELITING CAUSE OF DEATH (SEEDLES NOT WHILE COUNTRED WHILE COUNTRED WHILE COUNTRED	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) NDITIONS CONTRIBUTING THE CONDITION FOR WI THE TIME OF INJURY HOUR A.M. MONTH P.M. THE PLACE OF INJURY (AT HOME STREET, FACTORY, OF	EQUENCE OF TO DEATH BUT NOT RELATED TO HICH OPERATION WAS PERFORM DAY YEAR 19 THICK, MAIM, ETC.) THE LOCATION STREET	THE TERMINAL DISEASE OF THE TE	20b. IN C	IF YES, WERE FIND ERTIFYING CAUSE YES M IR PART I OR PART 2]	INGS USED S OF DEATH? NO []
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO 19a. DATE OF OPERATION 71a. ACCOUNT WAS UNDERLYING OF CONTEMBLING CAUSE OF DEATH FETHER NOTEY MEDICAL EXAMINER 71a. INJURY OCCURRED WHILE AT WORK AWORK OF THE PROPERTY AND WHILE AT WORK OF THE PROPERTY O	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) NDITIONS CONTRIBUTING INE CONDITION FOR WI THE CONDITION FOR WI THE PLACE OF INJURY (AT HOME STREET, FACTOR), OF	EQUENCE OF STO DEATH BUT NOT RELATED TO HICH OPERATION WAS PERFORM DAY YEAR 10 THICE, FARM, ETC.) THE LOCATION STREET	THE TERMINAL DISEASE OF THE TE	20b. IN C	IF YES, WERE FIND CERTIFYING CAUSE YES A IR PART TOR PART TO COUNTY	INGS USED S OF DEATH? NO []
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO 19a. DATE OF OPERATION 71a. ACCOUNT WAS UNDERLYING OF CONTEMBLING CAUSE OF DEATH FETHER NOTEY MEDICAL EXAMINER 71a. INJURY OCCURRED WHILE AT WORK AWORK OF THE PROPERTY AND WHILE AT WORK OF THE PROPERTY O	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) NDITIONS CONTRIBUTING INE CONDITION FOR WI THE CONDITION FOR WI THE PLACE OF INJURY (AT HOME STREET, FACTOR), OF	EQUENCE OF TO DEATH BUT NOT RELATED TO HICH OPERATION WAS PERFORM DAY YEAR 19 THICK, MAIM, ETC.) THE LOCATION STREET	THE TERMINAL DISEASE OF THE TE	20b. IN C	IF YES, WERE FIND CERTIFYING CAUSE YES A IR PART TOR PART TO COUNTY	INGS USED S OF DEATH? NO []
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO 19a DATE OF OPERATION THE ACCOUNT WAS UNDERLYING CONCENTION THE ACCOUNT WAS UNDERLYING CONCENTED CONCENTION CONCENTION. THE ACCOUNT WAS UNDERLYING CONCENTION. THE ACCOUNT WAS UNDERLYING CONCENTED CONCENTION. THE ACCOUNT WAS UNDERLYING THE ACCOUNT WAS UNDERLYING CONCENTION. THE ACCOUNT WAS UNDERLYING CONCENTION. THE ACCOUNT WAS UNDERLYING. THE ACCOU	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) NDITIONS CONTRIBUTING INE CONDITION FOR WI THE CONDITION FOR WI THE PLACE OF INJURY (AT HOME STREET, FACTOR), OF	EQUENCE OF TO DEATH BUT NOT RELATED TO HICH OPERATION WAS PERFORM DAY YEAR 19 THICK, FARM, ETC.) THE LOCATION STREET TOTAL On that in Impact	THE TERMINAL DISEASE OF THE TE	20b. IN C	IF YES, WERE FIND ERTIFYING CAUSE YES A 18. FART 1 OR FART 3) COUNTY 4 19 22 d hour and from the	NGS USED S OF DEATH? NO
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO 19a. DATE OF OPERATION 71a. ACCOUNT WAS UNDERLYING OF CONTEMBLING CAUSE OF DEATH FETHER NOTEY MEDICAL EXAMINER 71a. INJURY OCCURRED WHILE AT WORK AWORK OF THE PROPERTY AND WHILE AT WORK OF THE PROPERTY O	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) NDITIONS CONTRIBUTING INE CONDITION FOR WI THE CONDITION FOR WI THE PLACE OF INJURY (AT HOME STREET, FACTOR), OF	EQUENCE OF TO DEATH BUT NOT RELATED TO HICH OPERATION WAS PERFORM DAY YEAR 19 THICK, FARM, ETC.) THICK, FARM, ETC.) THE LOCATION STREET OTHER DEGREE	THE TERMINAL DISEASE OF THE TE	Y2 20b. IN CO PLUEY MITTER	IF YES, WERE FIND ERTIFYING CAUSE YES A 18. FART 1 OR FART 3) COUNTY 4 19 22 d hour and from the	INGS USED S OF DEATH? NO []
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO 19a DATE OF OPERATION THE ACCOUNT WAS UNDERLYING CONCENTION THE ACCOUNT WAS UNDERLYING CONCENTED CONCENTION CONCENTION. THE ACCOUNT WAS UNDERLYING CONCENTION. THE ACCOUNT WAS UNDERLYING CONCENTED CONCENTION. THE ACCOUNT WAS UNDERLYING THE ACCOUNT WAS UNDERLYING CONCENTION. THE ACCOUNT WAS UNDERLYING CONCENTION. THE ACCOUNT WAS UNDERLYING. THE ACCOU	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) NDITIONS CONTRIBUTING INE CONDITION FOR WI THE CONDITION FOR WI THE PLACE OF INJURY (AT HOME STREET, FACTOR), OF	DAY YEAR 19 211 LOCATION STREET	THE TERMINAL DISEASE OF THE AUTOPS YES NOTED THAT NATURE NOTED TO THE TERMINAL DISEASE OF THE TERMIN	10 C O PLIGHT IN THE	IF YES, WERE FIND CETTIFYING CAUSE YES A 18. VART 1 OR PART 21 COUNTY	NGS USED S OF DEATH? NO []
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO 19a. DATE OF OPERATION 21a. ACCOUNT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH IF EDITOR NOT WHATE AT WORK 21a. 1 WORK 21a. 1 Certify that (I) (this hospital solve the efficacion of the officerous of the	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) NDITIONS CONTRIBUTING IN CONDITION FOR WI THE CONDITION FOR WI THE PLACE OF INJURY (AT HOME STREET, FACTORY, OF	DAY YEAR 19 211 LOCATION STREET	THE TERMINAL DISEASE OF THE TE	10 C O PLIGHT IN THE	IF YES, WERE FIND CETTIFYING CAUSE YES A 18. VART 1 OR PART 21 COUNTY	INGS USED S OF DEATH? NO
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO 19a DATE OF OPERATION THE ACCOUNT WAS UNDERLYING CONCENTION THE ACCOUNT WAS UNDERLYING CONCENTED CONCENTION CONCENTION. THE ACCOUNT WAS UNDERLYING CONCENTION. THE ACCOUNT WAS UNDERLYING CONCENTED CONCENTION. THE ACCOUNT WAS UNDERLYING THE ACCOUNT WAS UNDERLYING CONCENTION. THE ACCOUNT WAS UNDERLYING CONCENTION. THE ACCOUNT WAS UNDERLYING. THE ACCOU	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) NDITIONS CONTRIBUTING IN CONDITION FOR WI THE CONDITION FOR WI THE PLACE OF INJURY (AT HOME STREET, FACTORY, OF	DAY YEAR 19 211 LOCATION STREET	THE TERMINAL DISEASE OF THE AUTOPS YES NOTED THAT NATURE NOTED TO THE TERMINAL DISEASE OF THE TERMIN	10 C O PLIGHT IN THE	IF YES, WERE FIND CETTIFYING CAUSE YES A 18. VART 1 OR PART 21 COUNTY	INGS USED S OF DEATH? NO
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO 19a. DATE OF OPERATION 21a. ACCOUNT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH IF EDITOR NOT WHATE AT WORK 21a. 1 WORK 21a. 1 Certify that (I) (this hospital solve the efficacion of the officerous of the	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) NDITIONS CONTRIBUTING IN CONDITION FOR WI THE CONDITION FOR WI THE PLACE OF INJURY (AT HOME STREET, FACTORY, OF INJURY) Attended the decassed from the body of Mr depth. White the body of Mr depth.	DAY YEAR 19 THE LOCATION WAS PERFORM DAY YEAR 19 THE LOCATION STREET DEGREE ATT PH 1224. ADDRESS	THE TERMINAL DISEASE OF THE TE	TOE TOWN	IF YES, WERE FIND ERTIFYING CAUSE YES A 18. FART 1 OR FART 2] COUNTY A 19. COUNTY A 19. COUNTY A 19. COUNTY	THOSE USED S OF DEATHS NO THOSE STATE STAT
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO 19a. DATE OF OPERATION 21a. ACCOUNT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH IF EDITOR NOT WHATE AT WORK 21a. 1 WORK 21a. 1 Certify that (I) (this hospital solve the efficacion of the officerous of the	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) NDITIONS CONTRIBUTING IN CONDITION FOR WI THE CONDITION FOR WI THE PLACE OF INJURY (AT HOME STREET, FACTORY, OF	DAY YEAR 19 THE LOCATION WAS PERFORM DAY YEAR 19 THE LOCATION STREET DEGREE ATT PH 1224. ADDRESS	THE TERMINAL DISEASE OF THE TE	10 C O PLIGHT IN THE	IF YES, WERE FIND ERTIFYING CAUSE YES A 18. FART 1 OR FART 2] COUNTY A 19. COUNTY A 19. COUNTY A 19. COUNTY	NGS USED S OF DEATH? NO THAT I WAS TOUR STATE SIGNED
MEDICAL	Conditions, if ony, which gove rise to immediate couse (b), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO 119a. DATE OF OPERATION 21a. ACCOUNT WAS UNDERLYING OCCUPATED CAUTE OF ORATH, IF EITHER, NOTEY MEDICAL EXAMINER, ITEM TO THE INJURY OCCUPATED WHAT I WORK AT WO	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) INDITIONS CONTRIBUTING INE CONDITION FOR WI 21th TIME OF INJURY HOUR A.M. MONTH P.M. 21th PLACE OF INJURY (AT HOME STREET, FACTORY, OF	EQUENCE OF STO DEATH BUT NOT RELATED TO HICH OPERATION WAS PERFORM 19 THICK FARM, ETC.) THE LOCATION STREET OM. DEGREE ATT. PH' 122e. ADDRESS	THE TERMINAL DISEASE OF THE TE	TO THE CONTROL OF PARTY OF THE CONTROL OF THE CONTR	IF YES, WERE FIND ERTIFYING CAUSE YES A 18. FART 1 OR FART 2] COUNTY A 19. COUNTY A 19. COUNTY A 19. COUNTY	NGS USED S OF DEATH? NO THAT I WAS TOUR STORE COVER STORE ST
WEDICAL 230. 6	Conditions, if ony, which gove rise to immediate couse (o), storting the underlying couse lost. PART 2. OTHER SIGNIFICANT CO 19a. DATE OF OPERATION THE ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (F EDICE) NOT WHILE ALL WORK NO	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) INDITIONS CONTRIBUTING INE CONDITION FOR WI 21th TIME OF INJURY HOUR A.M. MONTH P.M. 21th PLACE OF INJURY (AT HOME STREET, FACTORY, OF	DAY YEAR 19 THE LOCATION WAS PERFORM DAY YEAR 19 THE LOCATION STREET DEGREE ATT PH 1224. ADDRESS	THE TERMINAL DISEASE OF THE TE	TORTOWN STAFF PHYSICIAN CONTROL OF THE CONTROL OF	IF YES, WERE FIND ERTIFYING CAUSE YES A 18. FART 1 OR FART 2] COUNTY A 19. COUNTY A 19. COUNTY A 19. COUNTY	NGS USED S OF DEATH? NO THAT I WAS TOUR STORE COVER STORE ST
WEDICAL 230. 6	Conditions, if ony, which gove rise to immediate couse (b), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO 119a. DATE OF OPERATION 21a. ACCOUNT WAS UNDERLYING OCCUPATED CAUTE OF ORATH, IF EITHER, NOTEY MEDICAL EXAMINER, ITEM TO THE INJURY OCCUPATED WHAT I WORK AT WO	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) INDITIONS CONTRIBUTING INE CONDITION FOR WI 21th TIME OF INJURY HOUR A.M. MONTH P.M. 21th PLACE OF INJURY (AT HOME STREET, FACTORY, OF	DAY YEAR 216, HOW INJUINGER, MAIN, ETC.) TO DEATH BUT NOT RELATED TO THE PROPERTY OF THE PROP	THE TERMINAL DISEASE OF THE TERMINAL DISEASE OF THE AUTOPS YES NOT THE TERMINAL DISEASE OF THE AUTOPS YES NOT THE TERMINAL DISEASE OF THE AUTOPS TO PRODUCE THE TERMINAL DISEASE OF THE TERMINAL DISE	TOE TOWN	IF YES, WERE FIND CERTIFYING CAUSE YES A 18. PART 1 OR PART 2) COUNTY A 19. COUNTY COUNTY COUNTY COUNTY	NGS USED S OF DEATH? NO DEATH? NO DEATH? STATE That I (was

DHMH - 16 25M

BP.

(VR A 15 (4)) 9/74

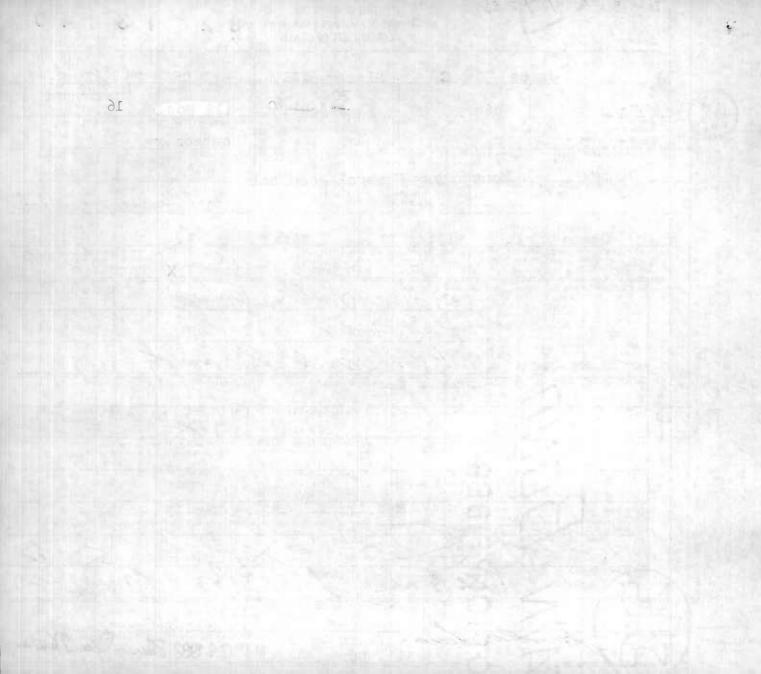
1170 Rockville Pike; Rockville, Maryland



	1	FOR STATE REGISTRAR		DEPART	MENT OF H	ICATE OF	MENTAL HYG DEATH	ieng 2		3	4	4 0
	1 DI	ECEASED NAME FIRST		WIDDLE		.AST		2a DATE OF D	REG. NO	H DAY	YEAR	2b HOUR
be the part of the	(1Ab	E OR PRINT!	ames	C	S1:	ater	III		05	20	82	8.02 4
	3 SE		4 RACE		5 DATE (OF BIRTH	7-5-17-11-1	6. AGE (IN YEAR			DER I YEAR	IF UNDER 73 HRS
(孤朋)		Male	Whit	e		/30/-	31 80	16	Mes.	YRS 16	US OAYS	HOURS MIN
AND IN	70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN O	F WHAT COUNTRY?	8 MARRIE	D NEVER	MARRIED X	9 BALTIMORE	CITY OR CO	UNTY OF	DEATH	
53 5		Wash., D.C.	U.	S. A.	WIDOWE	D D	IVORCED		gomery	7		MD.
11 36	10.0	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN		OR OTHER INS	TITUTION	120 USUAL OC	CUPATION	12	L KIND O	F BUSINESS OR
12 01		Olney	Mont	N GIVE RESIDENCE BEFORE	Cone	cal He	cnital	N		KINO EN ET TH		/A
12 01	13a	AL RESIDENCE (IF NURSING HON STATE 136 C	WE OR OTHER INSTITUTION	13E CITY OR TOW	N ADMISSION	13d INSIDE	CITY LIMITS?	13e STREET AD	DRESS			11 11 17/1
43 00	-		tgomery	Rockvil	lle	YES X	NO 🗌	14311		rwoo	d Te	rrace
30 AL	14. F	ATHER S NAME FIRST	WIDDLE	LAST		15 MOTHER	'S MAIDEN NAM	ME	MIDDLE	W 15 5	1.451	
11/11		James	C.	Slater			Rita	27.00	L.	1 (3)		ddle
ond o	160	WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	. ARMED FORCES? . GIVE WAR OR DATES!	166 SOCIAL SECU	RITY NO.	17 INFORM			ADDRES 14	311	Bria	rwood
S. Po		No		N/A		James	C. S1	atter	IIX	Terr	. Rc	kvl.,Mo
nysic pope pvol. nt, th		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CA	unly ane cause pe	er line far ias, ibs, ag	dici.	20	H	1	/		BETWEEN O	MATE INTERVAL DINSET AND DEATH
g ph ponp rem			DIATE CAUSE (a)_	(C501)	010	PIC	X eje	10110	0			
cork o, or notic		7589	DUE TO,	OR AS A CONSEQUE	NCE OF	~ 10	1			- 9		
ation priori		Conditions, if ony, which gave rise to immediate		7 100	rve	nia				,	411	
rem rem rem her t		cause (a , stoting the underlying couse last	DUE TO	OR ASA CONSEQUE	NCE OF	0.	11	8 2 2	11	-		
leose inl, c			(0)	00 120	NO	sme	x a	NO /W	01/7			
signe nen p o bur	z	PART 2 OTHER SIGNIFICAL	NT CONDITIONS C	CONTRIBUTING TO	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE C	R CONDITIO	N GIVEN IN	PART 1(a	
prior t	CERTIFICATION	190 DATE OF OPERATION	Tab COM	DITION FOR WHICH	ODEDATIO	NAME OF DEC		700 AUTOPS	La Tan			
S 00 00 N	FIC	DATE OF OPERATION	178 COIVE	DITION FOR WHICH	OPERATIO	N WAS PERFC	DKMED		20b.	IF YES, WEI	CAUSES	OF DEATH?
Hygiene 18 shew	ERT	21g. ACCIDENT WAS UNDERLYING	21h TIME	OF INJURY		121c HOW/IN	JULIPY OCCUPE	YES D	lo D	YES 🗌		NO 🗌
		OR CONTRIBUTING CAUSE OF	F DEATH HOUR A	.M. MONTH DA	YEAR	2101104411	NJURY OCCURR	ED (ENTERNATUR	E OF INJURY IN ITE	M 18, PART 1 C	OR PART 2)	
S certifi burial-tr Mentol	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMI		OF INJURY	19	21f LOCATIO	ON					7-119
After this certifies as the burial-tolling and Mentoll morked or Item	ME	WHILE IT NOT WHILE IT	(AT HOME, S	TREET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	014	CI	TY OR TOWN	cc	YINUC	STATE
Afte of the nork		AT WORK			7 7		0.0		1914			
OR. FHee		22a.1 certify that (1) (this has saw the deceased alive	anMav 19	he deceased from 1		d that in (mu)	, 19 <u>82</u>	- to May	7 19	19.8	2 1	hot (I) (we) lost
ted for		17h SIGNAFURE	net view the both	diret death.		DEGREE	(doi) opinion c	reom accorrea c	in the date an			
DIRE toched Dept		South	11		0		ATTENDING	MEDICAL	STAFF		22c. DATE S	IGNED
ERAL e dete State ANT: h	- 6	224, BHYSTICIAN'S NAME (I)	7	1			ATTENDING PHYSICIAN	DIRECTOR	PHYSICIAN [5/6	2 82
7 9 45 6		Kenneth	1/12	Serboin	100	22e ADDRES	1 dra	5/20	das	m	-1/3	to
should with the	22-	CUPIAL CREMATION OF	(A) 120 0 170	122	10000	10	1000	100		23.1	16	
	130	BURIAL, CREMATION, REMOV				EMETERY OR	Cemete	23d. LOCATIO	NAM	COUN	TY	STATE
·	24 F	Burial JNERAL DIRECTOR		1 7982	Gate	ofH	eaven	- C	1 ver	Spri	ng,	Md
6 60M 1/75 (15 (4))			mphrev.	Inc. /Si	O. E	ox /4	Z8 M	AY 24 1	092	yacco	Jan	/ arther
			male - 1	/Si	LI. S	pr.,	Mai.	7141	OUL ON	4		

STATE OF MARYLAND

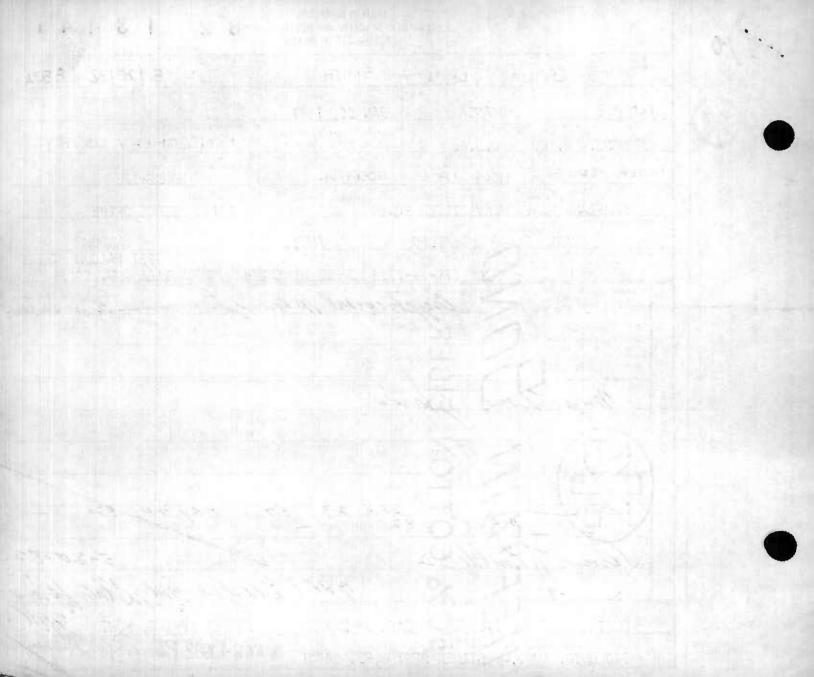
Item 2 820/ 2/20/02 I]



moy be

	1.	FOR - STATE REGISTRAR	DEPAR	RTMENT OF H	E OF MARYLAND BEALTH AND MENTAL H ICATE OF DEATH	YGIENE 8 2	1 3	441
		CEASED NAME FIRST	LIA ELIZABI	-	MITH	20. DATE OF DEATH		26 HOUR 8 50 A
	3 SE		4. RACE CAUCASIAN	5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER	M
17	7a. B	IRTHPLACE (STATE OF FOREIGN COUNTRY) WASH. D. C.	7b. CITIZEN OF WHAT COUNTR	Y? 8 MARRIE	22, 1901 □ NEVER MARRIED □ □ XXX DIVORCED □	A ACCULT C	R COUNTY OF DEA	
08	Si	ITY OR TOWN OF DEATH LVER SPRING	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI HOLY CROSS	EET ADDRESS)	SPITAL	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O HO		(IND OF BUSINESS OR USTRY
35	130 3	ALRESIDENCE (IF NURSING HOME OR STATE NARY LAND MON ATHER'S NAME	NTY 13t. CITY OR TO	NWN	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN N	10124 PI	ERCE DRIV	'E
50		FRANK	DelTUFO		ANNIE	MIDDLE	UNKN	IOWN
1		VAS DECEASED EVER IN U.S. AR YES. NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	4-7355	JAMES R. SM		SS 4731 FAL ILLE, MD.	CON STREET 20853
	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSECT (b) DUE TO, OR AS A CONSECT (c) CONDITIONS CONTRIBUTING TO	DUENCE OF	NOT RELATED TO THE TER	RMINAL DISEASE OR CONT	DITION GIVEN IN PA	ART Iro
9	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION OR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
9	,	21a. ACCIDENT WAS UNDERLYING	HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUR	Y IN ITEM IS PART I OR P	ART 2)
1	MEDICAL	21d. INJURY OCCURRED WHILE ON WHILE OF WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	E FARM ETC)	211 LOCATION STREET	CITY OR TO	vn cour	NTY STATE
		saw the deceased alive on above, (1) (see (did) (did no	ottended the deceased from A 19 19 19 19 19	APR 82, or	d that in (my) (auc) opinio	n death occurred on the do	te and hour and fro	that (I) (we) l ast om the causes stated
		226. SIGNATURE	Knillem D.			MEDICAL STAF	F /	-20-82
1	22	SERUCH KIMB	LE		22e ADDRESS 9801	Lugia h	ine, Sile	a faring
	(BURTAL SPECIFY) BURTAL	5/22/82		F HEAVEN	SILVER SPR	ING, MONT	Morte.
	24 FL	UNERAL DIRECTOR FRANCI NAME 500 UNIV. BLV	S J. COLLINSDORESS D., W., SILVER SF	PRING, M	D. 20901	AAY 24 1982	REGISTR NO. S.	an faither.

DHMH - 16 50M 1/B1 (VRA 15, 4)



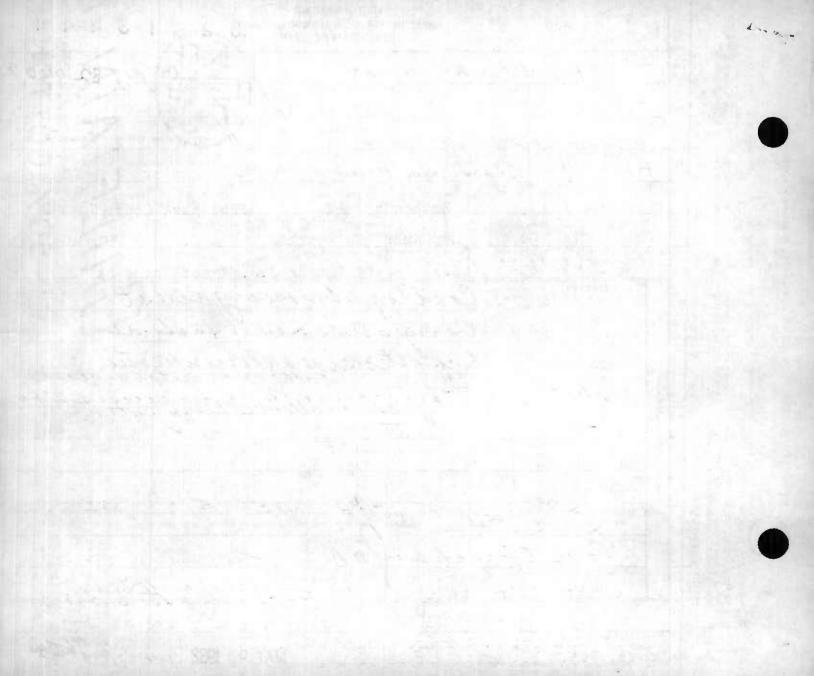
	1				STATI	OF MARYLAND		
Λ.	1.	FOR STATE		DEP		EALTH AND MENTAL HYG	SIENE 8 2	3 4 4 2
	-	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.	
		CEASED NAME	FIRST	MIDDLE	1	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
B 0 0	(116)	ORPRINT	Tohn	M.	6	mith	5	-9-82 755 AM
low line	3. SE	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
4 (報用)		Male	White	e	MONTH	27 1906	7.5 YR	MONTHS DAYS HOURS MIN
Bod W		RTHPLACE (STATE ORF	OREIGN 76. CITIZEN O	F WHAT COUN	TDV2 8	21 1700	9 BALTIMORE CITY OR COU	
4 H		COUNTRY)			WIDOWE	NEVER MARRIED DIVORCED	Montgome	or Countries
e 11 67	W Z	Sh D	TH II. NAME OF	HOSPITAL, NI		R OTHER INSTITUTION	120 USUAL OCCURATION	126 KIND OF BUSINESS OR
offe of the	1			COCC	/1	101	(TYPE OF WORK FOR MOST OF WORKIN	
120 Jurs	S.	AL RESIDENCE LIF NURSE	NG HOME OF OTHER INSTITUTIO	Cross N GIVE RESIDENCE	HOSDI BEFORE ADMISSION)	797	Legal Advi	sort T.R.S.
And the state of t	13a.	TATE	George	S 13c. CITY OR		136 INSIDE CITY LIMITS?	13e. STREET ADDRESS	
5 × 5 5		aryland	Prince	Takom	a Pk.	YES NO	16903 Prince	George Avenue
MARY and 2 and 2	7.17	FIRST	MIDDLE	1.45		FIRST	WIDDLE	LAST
- 0 / 1		John		Smi		Ruth	ADDRESS	Chipman
SALTIMORE, at the be executed at the second at the second and at the second at the sec		VAS DECEASED EVER	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)		SECURITY NO.	17. INFORMANT	6903 Pr	. George Ave.
TIM S. Po		JO.	Street Street	577-1	8-7962	Helen G. S	mith Takoma	Dark Md
fitcate physicia noval.		18 CAUSE OF DEATH PART I, DEATH W	(Enter only one cause p				161	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., ertific ng ph pan pr remo			IMMEDIATE CAUSE (D)_	Jones	mone	v & resp. 4	usufacience	2-3whs.
o ding		33/9	DUE TO,	OR AS A CONS	EQUENCE OF	0	//	
PRESTON he death ce emave carb mation, or r		Conditions, if any,		aspi	ration			1-2hrs.
ad ad a first		gave rise to imm cause (a), stating	the DUE TO	OR AS A CONS	EQUENCE OF			
by that I by t assert athe		underlying cause	last.	cereb	alan	via + deau	recation	years.
S, 201 gned to plea burial, iry, ar a	1	PART 2. OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION	GIVEN IN FURT 1(a)
RDS eque The inju	CERTIFICATION	extense	ine vari	case.	ulcer	ations, W	probable ost	convelites'
any any	13	190 DATE OF OPERAT	ION 19h CON	1 1		N WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WELL FINDINGS USED RTIFYING CAUSES OF DEATH?
has has	E	4/6/8	2 Tlac	Meston	m- rest	msuff;	YES NO	YES NO
VITA N: Th Nysicia cate ansit Hygie	1 8	210 ACCIDENT WAS UND		OF HAPERIA	DAY YEAR	24. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
NOFVIII SICIAN: ng physic certifical certifical	AL	OR CONTRIBUTING C	AUSE OF DEATH	P.M.	DAT TEAK			
A HYS	WEDICAL	21d. INJURY OCCURR	ED 21e. PLAC	E OF INJURY		211 LOCATION	CITY OR TOWN	COUNTY STATE
DIVISION OF PATER 14 After 14 and alth and marked	Σ	WHILE NOT WHE	ILE :	TREET, FACTORY, OI	FFICE, FARM, ETC.)	ZIMEET	CIII ON TOWN	3177
	1		(this haspital) attended	the deceased f	m_Marc	h 31 19 82	May 9	, 19 <u>82</u> , that (1) (we) last
ATTEND sspital a scTOR: y for use i. af Hea n 21 is m		saw the decease	d plive an May	9,			death occurred on the date and	
		22b. SIGNAPORE	id) (did nat) view the boo	ly after death.		DEGREE		22c. DATE SIGNED
the harmonic DIRI		Street	elumo.	Kriso	مر	ATTENDING PHYSICIAN J	MEDICAL STAFF DIRECTOR PHYSICIAN	May 9, 1982
ro HOSPITAL eranined by th TO FUNERAL should be deter with the State	1	22d. PHYSICIAN'S NA	ME (TYPE DE PRINT)			22e ADDRESS	DIRECTOR PHISICIAN	1 May 9, 1962
FUN THE ORT	1					2020 0	G! G!	3 G M3
TO HO TO FL	22-	Stanley BURIAL CREMATION, I	Kirson	M. D.	22. NAME OF C	8830 Came	rson St., Si	1. Spr., Md.
5/1/200	D-	surial, CREMATION, I irial	5/11	182		awn Cemeter	_CITY OR IOWN	Maryland
) & W3BP		UNERAL DIRECTOR		2			-	A A STORY
DHMH-16 30M 2/80 (VRA 15, 4)		ALL COMMENTS	Dumphase	Tna	P.O. B	ox 7428 25a. DAT	TE REC'D. BY REGISTRAR 251 REC	cas fan hille
	W	arper E.	Pumphrey,	IIIC.,	Sil. S	pr., Mdl M/	1 17 1205 1/2010	D

The state of the s THE RESIDENCE THE PARTY OF THE PROPERTY OF THE PARTY OF T

		FOR			EPART			AND ME	D NTAL HYC	GIEŅE	-		0079		100
		STATE REGISTRAR		MEI	DICAL	EXAMIN	IER'S C	ERTIFIC	ATE OF	DEAT	HA	REG. N	3	4 4	3
		CEASED NAME E OR PRINT	FIRST		WIDDLE	P		LAST		80.	OF E	OWN X	05	02 8	2 3 HOUR P _M
	2.057		STEVE			D Of		ITH			DEATH M.	ATED [MONTH	19	
	3. SEX	M	Black		69 ^{YEAR}	LAST BIRTHO	RS. IF UN		HOURS M		DATE ONOUNCE DEAD	D)2 YE	3:39 P M
~	FO	RTHPLACE (STA		76. CITIZEN OF WH	AT COUN	TRY?	8. MARRII WIDOW	ED NEVI	ER MARRIED DIVORCED	-63			_	Y OF DEATH	
a		shingto		11. NAME OF HOSE	PITAL, NU	rsing hom				20. USUAL	Monte	ION (TYPE	v .	12b. KIND OF	BUSINESS
1		lney		Montgome Montgome	ry Ge	eneral	Hosp	ital		stu	dent	G LIFE)		ORINDL	DIK!
-	13a. S	TATE	13b. COUN	MONT		OR TOWN	ION)	13d. INSIDE CITY	Y LIMITS? 13	3938	ADDRESS Tyner	rvich	Ct,	Bel Pr	e Road
-		THER'S NAME	0	MIDDLE	SMi-	LAST		15 MOTHER FIRE Wesl	S'S MAIDEN I	NAME	MIDDI	re		Henery	
15.0	16e. V	ndberg	EVER IN U.S. AR	ned FORCES?	-	CIAL SECURIT	Y NO.	17. INFORM			-	ADDRESS		rener y	
	nc	S, NO, OR UNKNOV	(IF YES, GIVE	WAR OR DATES)	no			Wesle	ey Smit	th-Mo	ther-	-3938	Tyn	ewich !	Dr.
		18. CAUSE OF	DEATH (Enter on	ly one couse per line	for (o) (b)	, ond (c).)	,							APPROXIA BETWEEN O	AATE INTERVAL
	NO	couse (o) s lying cous		(b) DUE TO, OR (c) CONTRIBUTING TO DEATH 1				OR CONDITION	GIVEN IN PART 1	(0).					
2	CERTIFICATION	19a DATE OF	DPERATION	19h CONDIT	ION FOR	WHICH OPER	RATION W	AS PERFORM	NED?	J.				20 AUTOP	SY?
>		21s. EXTERNAL UNDERLYING	DOR	21b. TIME OF	MONTH	DAY YEA	HE HO	W INJURY	CCURRED (ENTER NATI	ME OF HUMBY	PHILIP IS	Ch	7	.0.
	MEDICAL	214 INJURY O	CCURRED	DEATH P.M.	F INJURY	LAT HOME.	711.100	ATION	trou	gin	que	m 2	- J	COOLA	alling
	¥	AT WORK	NOT WHILE D	lus	De	Hom	239	38T	GME	Wic	H DR	. SI	LUE	RSPA	11K-14
		220. I certify	y that I took charg	ge of the remains desc	ribed obo		Autops		Inspection		Inquiry [d, on	d in my op	inion	
		death resulted	d from: Notus	rol couses .	Accident	△, St	icide H	Homicio	de L	Undeterm	ined monn	er .			
		ACTUAL SIGNATURE	Slich	and J.	USA.	ello	n M	o Dec	ruly	MEDICA	LEXAMIN	ER .	DATE	5-2	-82
d	-	EXAMINER'S N (TYPE OR PRIN		CHARDA	L.W	HELT	ON	ADDRESS_	7100	3.1	7 10	, 0	Cold	Pece (Porlow
	23a. B		ION, REMOVAL 2			NAME OF CE	METERY OF	RCREMATOR	RY 2	23d. LOCA	TION		COUR	JTY ()	STATE
	B	urial	TOP.	5/6/82	Ge	ate of	Heav	en Cem	etery	Sil	yer S	prin	g, Mo		id.
	-	NAME		2617 Pen	nevrl v	mnia	ATTE	5 F	MAY 7		82 Z	NEG!	O	ON	1 , 4
)		TAKINDEN	D. FUFF	COTI Len	TISAT /	dilla 1	146.1	ا والله		===	- 0/4	miles	1	16.16	40-

Cet. Cet. Cet. . E Bodieny: Cl. - Mile - Li Li Billi 1 52 2 Frank hanging from 2nd flow railing Local Storm BISSTINEWAKTR SILVERS PRINKERS The world to Report to ALWISSON A THE LITE WASTLEN OF THE COLUMN A GRANDIST OF . We stand to be a stand of the standard of th CSEVERT LAND ALD, evaporate from 1 To 1 Tays . T.

STATE OF MARYLAND

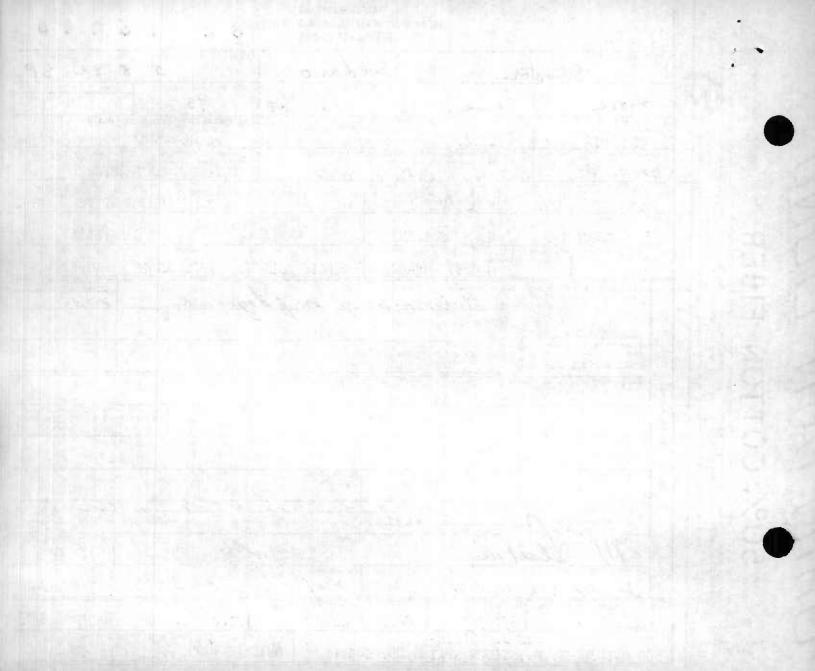


BP. DHMH- 16 30M 2/80 (VRA 15, 4)

MADORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumotic event, the medical examiner must be notified about

	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENT		Sana	2 REG. N	0.	3 4	4 5	
	I. DEC	CEASED NAME FIRST	ß M	IDDLE	L	AST A		2a. DATE (OF DEATH	MONTH	DAY YEAR	2h HOUR	
	(TYPE	Sal va	tore	F.	Sol	Edano				5	8 82	81	0
'n	3. SE >		4 RACE		S. DATE O			6. AGE (III	YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24	HRS
1)		male	Com	e	MONTH	16	08		73	YRS.	MONTHS DAYS	HOURS	AIN.
25	7a. BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF V	VHAT COUNTRY?	8.	NEVER MARR	IED 🗆	9. BALTIM	ORE CITY C	R COUNT	Y OF DEATH		
0		VIRGINIA	u.s.	A.	WIDOWE				MONTGO	OMERY	Y		MD
0	10. C1	HEATON		OSPITAL, NURSING	DDRESS)	HOME	ION		LOCCUPAT ORK FOR MOST O LDING			OF BUSINESS	OR
5	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUL MARYLAND MONT	VIY	SILVER SPORTS	1	13d. INSIDE CITY LI		13e STREE	TADDRESS	LSBOR	O DRIVE	209	902
1	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MA	IDEN NAM	۸E	WIDDLE		10	. 7	
20		STANISLAO	M.	SOLDAN	10	M	ARIA		WIDDLE	(CANATELL	A	
,		VAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECUR	ITY NO.	17 INFORMANT			ADDRE	SS		75.0	
	(1	NO	VE WAR OR DATES!	579-42-9	1426	NELLIE	SOLDA	NO	SAME	AS 13			
-		18 CAUSE OF DEATH (Enter of	nly ane couse per l	ine for (a), (b), and	(c).)			11			BETWEEN	IMATE INTERVA	L HŢA
			TE CAUSE (a)	Julma	200	ur lm	pR	esse	ma		10/1	15	
		4720	DUE TO, OR	AS A CONSEQUEN	NCE OF		-	7			2 300		
		Conditions, if any, which	(b)										
	39	gove rise to immediate cause (a), stating the	DUE TO, OR	AS A CONSEQUEN	NCE OF						0 0 10		
		underlying couse last.	(cl										
	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS <u>CO</u>	NTRIBUTING TO D	EATH BUT	NOT RELATED TO T	THE TERMI	NAL DISEA	SE OR CON	DITION G	IVEN IN PART	01	
9	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH (OPERATION .	N WAS PERFORMED	D	200 AU	TOPSY?	IN CERT	ES, WERE FINDI IFYING CAUSES (ES		>
1	CER	210. ACCIDENT WAS UNDERLYING				21c HOW INJURY	OCCURR						
1		OR CONTRIBUTING CAUSE OF DE	AIR	A. MONTH DA'	Y YEAR	Block R. Av							
	MEDICAL	21d INJURY OCCURRED	21e PLACE C	OF INJURY		211. LOCATION			CITY OR TO	sadhi.	COUNTY	STAT	
	W	WHILE NOT WHILE AT WORK	(AT HOME, STRE	ET, FACTORY, OFFICE, FA	RM, ETC }	ZIKEEL			CITY OR TO	10014	COOINT	SIAI	E
		22a 1 certify that (1) (this hosp	ital) ottended the	deceased from		4-15.19	82		8		1982	that (I) (we)) last
		sow the deceased alive of abave, (I) (we) (did) (dig no		ofter death	2 , an	d that in (my) (our)	opinion d	leath occur	red an the d	ote and ha	our and from the	causes state	d
		22h. SIGNATURE	IT view the body o	mer deam.		DEGREE		/			22c. DATE	SIGNED	
-13		/11/ Ve	uku			ATTEN PHYS	ICIAN	DIRECTO	R PHYSIC	FF CIAN [5-8	-82	
,		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		200	22e ADDRESS	1		. 0	1 200	11		
		UR. MYRON	W. LENK			2309	Show	efic	ld Kat	· Vike	enta 70	5902	
		BURIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREM	ATORY		CATION TY OR TOWN		COUNTY	TAIZ	E
		BURIAL	5/11/8		ATE O	F HEAVEN			VER SP		MONT		b.
		NAME	IS J. CO	ADDRESS			25a, DATE	REC'D. BY	REGISTRAR	25h REGIS	STRAR'S SIGNA	TURE	
	50	00 UNIV.BLVD., W	.,SILVER	SPRING,	MD. 2	0901	\$160m	13	1987	Praser	1 Jan/	asthu	

STATE OF MARYLAND



The same of the sa The many of the - went but the same density of the Eta B Haver 100

DHMH - 16 50M 1/B1 (VRA 15, 4)

- STATE

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH MONTH IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH DIVORCED 126 Morpot BUSINES & School Teacher 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 2106 Gatewood Place YES . NOF Sprin 15 MOTHER'S MAIDEN NAME WIDDIE Eckman Grace Zepp 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT Reginald K. Squires-husband-(same, as 218-22-2098

	y one cause per line for (a), (b), and (c) BY E CAUSE (a) Curdia Carat	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF CAND PER MILE PREWAL DUE TO, OR AS A CONSEQUENCE OF CAND PER MANDELLE OF CAND PER	- 9 mo - adevoca
PART 2 OTHER SIGNIFICANT C	onditions <u>contributing to death</u> but not related to the terminal disease or condition gi	VEN IN PART 110

211 LOCATION

19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES

210. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2)

(IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE

May 13

NAME

(IF YES, GIVE WAR OR OATES)

CITY OF TOWN (our) opinion death accurred an the date and hour and from the couses stated

ATTENDING /MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

GULDBER

22e ADDRESS

(SPECTemation 5-14-1982

23c NAME OF CEMETERY OR CREMATORY Lee's

DEGREE

CITY OR TOWN

24 FUNERAL DIRECTOR

Washington, 11800 N. H. Ave 250 DATE REC'D, BY S.S. Md.

Crematory

Hines/Rinaldi Funeral Home

COUNTY

STATE

STATE

110085897					
	someThe Looks 8				
	Service and the service and th		GREEK BURLE	SOUTHWEST OF	
		- messo	DELIKON		THE ASIL
Boshina Francis	nd-antlous.	di Blankgoff.	18-27-2038		0.0
			14 Kenny 7 3 M 7 40 C		
	Dharward.	or carry little and			
	Co. A.L.				
	No.				
	The Torse	3 1	HE TO THE	Y. 1. 10	
			47		
(数学) デュレビー				3)313	
THE RESERVE TO LOCAL					
10 11 11 11 11 11 11		YWEST AND		Commercial Science	
THE PARTY OF				25440 - 3 P	4 14 14
	ananatran.	rewards H. Ave. T		1 3-11-11	(Cremar)
			in out fil		
19	Record to the last		2 20 200	Letenanti te	A to be a beautiful
& James 1	5. 11	Fig. Louis	2 · (1)	TWA BUILT A	H41- () > 471-41

FOR

REGISTRAR

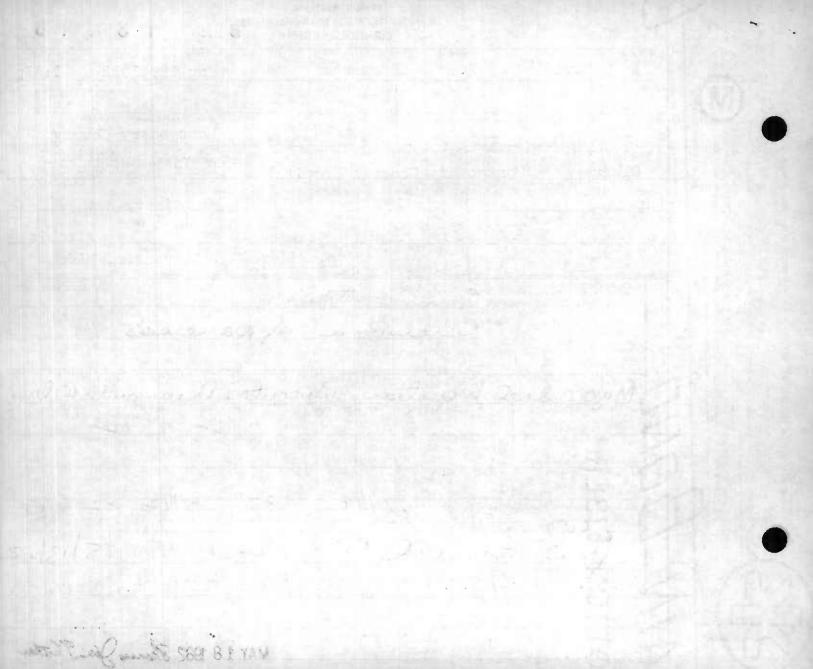
DECEASED NAME

- STATE

LIYPE OR PRINT

DHMH - 16 60M 1/75 (VRA 15 (4))

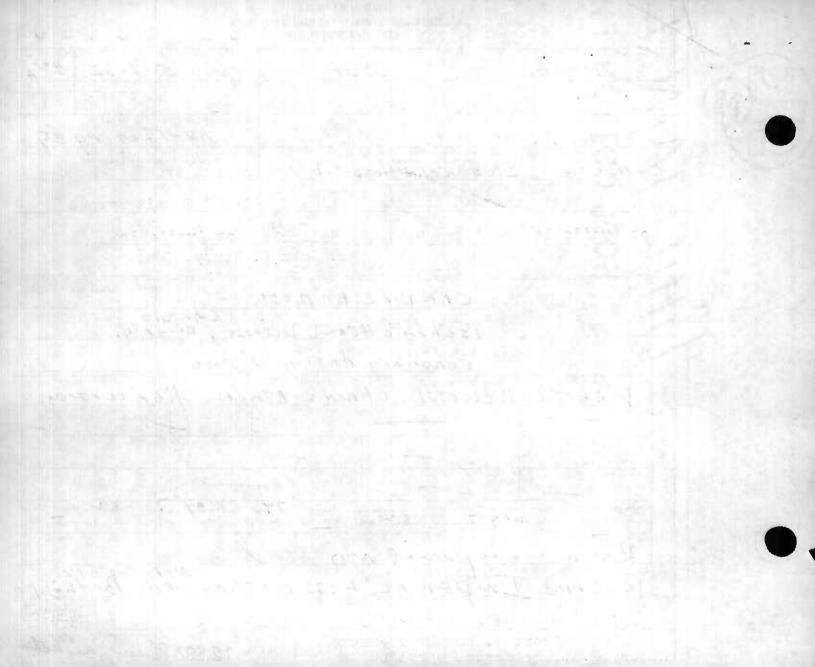
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 20 DATE OF DEATH MONTH YEAR 2h HOUR R. Stevenson 1982 2:470 6 AGE (IN YEARS LAST BIRTHDAY) 9 BALTIMORE CITY OR COUNTY OF DEATH Montgomery County Metelurgical pe National Bureau of Standards 906 Baltimore Road Ritchie Stevenson, Wife APPROXIMATE INTERVAL 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE ond that (in (my) (our) opinion death occurred on the date and haur and from the causes stated 221. DATE SIGNED ATTENDING MEDICAL STAFF
RHYSICIAN DIRECTOR PHYSICIAN 18111 Prince Philip Dr., Olney, 23c NAME OF CEMETERY OR CREMATORY STATE May 17, 1982 Parklawn Memorial Park Rockville 24 FUNERALD IRECTOR Robert A. Pumphasey Funeral Homes, P.A., Rockville, Maryland

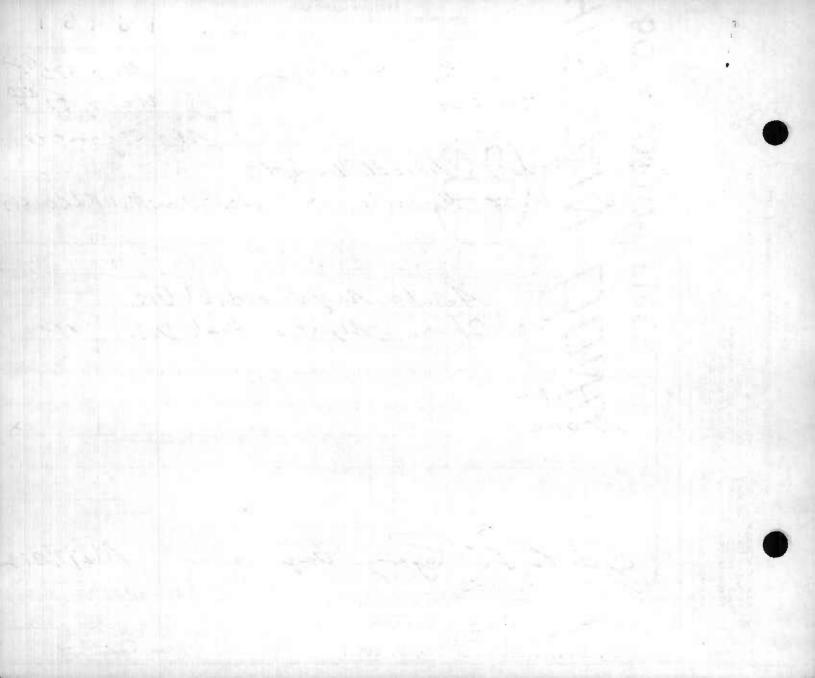


-					STATE OF MARYLAND		
-			FOR	D	EPARTMENT OF HEALTH AND MENTAL H	YGIENES 2	3 4 4 9
		1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	y		EASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	3 25 1	TYPE	Jac Jac	oh O.	Strine	5	18 82 11 P. M.
	1 20	3. SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	1 Man		Male	White	Aug. 7 1905	76 YE	
-	人们链	70 BII	RTHPLACE (STATE OF FOREIGN)	76 CITIZEN OF WHAT CO	UNTRY? 8 MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
	は一味。行り	(Penn.	U.S.A.	WIDOWED DIVORCED	Montgomer	MD.
_	2 100	10 CI	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL,	NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126, KIND OF BUSINESS OR
_	# E #85	K-	Rockville.	(IF NOT IN SUCH EACILITY, G	le Adventist Hospil		Fed. Gov.
120	ours be fill	USU	AL RESIDEIACE IN THE STATE OF T	ROTHER INSTITUTION GIVE RESIDEN	NCE BEFORE ADMISSION)		
ARYLAND 2120	Page 35	†3a S	TATE 136 COU	gomery Gait	hersburg YES X NO	? 13. STREET ADDRESS 358 N. Summi	t Ave. #002
IAN	should should	14 FA	THER'S NAME	9	15. MOTHER'S MAIDEN	NAME	LAST
ARY	mplete and 2		Harry		rine Jenni		Day
£,	- 0-	160 \	VAS DECEASED EVER IN U.S. A		IAL SECURITY NO. 17 INFORMANT	APPRESS Va	rgas Ct.,
O.	Poges medico		YES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	-36-1078 Margaret E	. Struck Gaither	rsburg.Md.20878
MITI	d 5. 5.	-	18 CAUSE OF DEATH (Enter of				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
BA	hysic pope loval		PART I. DEATH WAS CAUS	ED BY	survey of lange	e ith metastas	٠٠.
010	death(1629	DUE TO, OR AS A CO	INSEQUENCE OF	A / \	
PREST	e e e e e		Conditions, if ony, which gove rise to immediate	(b) 15 (above of Atropole	of brain.	
≥	by the		couse (a), stating the underlying cause lost.	DUE TO, OR AS A CO	INSEQUENCE OF	1 0	
201	plea priol,		DARKO OTUEROUS	(c)			
os,	sign hen to bu	Z	A CLA	CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION	GIVEN IN PART 110
RECORDS	been mit. I prior	A F	190 DATE OF OPERATION	THE CONDITION FOR	WHICH OPERATION WAS PERFORMED		
	× × × × ×	呈	-	THE CONDITION FOR	WHICH OPERATION WAS PERFORMED	20e AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
DIVISION OF VITAL	NN: The hysicion icote h ronsit p Hygier 18 show	CERTIFICATION	210, ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21, HOW INTURY OCC	YES NO NO	YES T NO T
OF.	SICIAN: T ng physici certificate viol-transit tental Hygi		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MON	TH DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
O	Y Wood of H	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 211 LOCATION		
VISI	ond.	ME	WHILE NOT WHILE	AT HOME, STREET, FACTORY	OFFICE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
ō	DING P or other the se as the colth and marked		AT WORK	I all balls of the state of the	0.010.13.44		
	or of He		27a.1 certify that (1) (this hasp sow the deceased alive or	18 - May 6 PI	1 0 2	10 18 - Ma	4. 19 82 , that (I) (we) lost
	DR ATTI hospit iRECTC thed for tept. of them 21		obove, (I) (we) (did) (did) (did)	ot) view the body ofter deat	DEGREE	on death accurred on the date and	
	0 5 0 50		Klo	hrs -	A A ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
1.09/20	HOSPITAL ined by the FUNERAL uld be detected the Stote ORTANT:		17d. PHYSICIAN S NAME TYPES	JR PRINT)	ATTENDING PHYSICIAN 122e ADDRESS	DIRECTOR PHYSICIAN	18 - may 32
			RAMAN I	2. MEHRA			
	of of short of Market	73o B	JRIAL, CREMATION, REMOVAL			erick Rd., Gaithe	rsburg, Md.
	BP	(:	PEC IFY)		130 NAME OF CEMETERY OR CREMATOR	23d LOCATION	40
		24 50	Cremation	5/19/182	Lee's Crematory	Washington	D.C.
	DHMH - 16 50M 1/81 (VRA 15, 4)	(20	Totalill San	Aleson 316 H	Swess Diamond Ave.	AY 2 0 1982	ISTRANS SIGNATURE
		ua	rtner Sandison	r. H. Gaith	ersburg.Md.20877 W	AY 2 0 1982 The	10 16 76

THE THE PARTY OF T 200 . average of the second of ... film numeral for TOTAL CONTRACT OF THE STATE OF All comments, a salessor best Contract the term of the contract the c THE PARTY SALES AND SALE OF THE PARTY OF THE

STATE OF MARYLAND



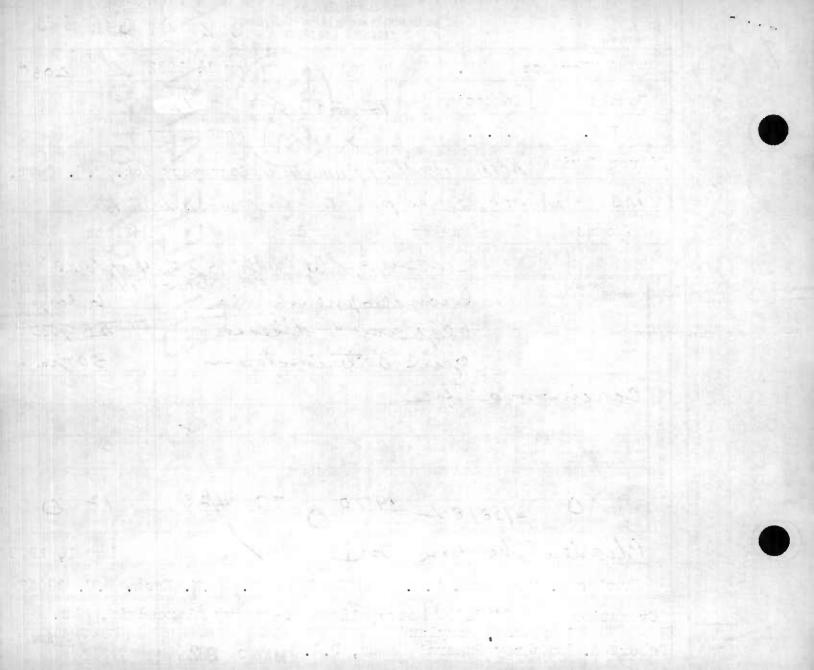


3 \$		1-	FOR STATE REGISTRAR			DEPA	RTMENT OF I	E OF MARYLAND LEALTH AND MENTA LICATE OF DEATH		18 2 REG. N	0.	3 4	5 2
			CEASED NAME OR PRINT)	FIRST		MIDDLE		AST	20	DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
y be				Thoma:		esley		ERLAND		May		,1982	7:00 Am
mo ter o		3. SEX			4. RACE		5. DATE (AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAY	
afo of			Male	N SEL	Whi	te	Mar	ch 8,1914	~	68	YRS.		1 100.00
	35	la. Bl	RTHPLACE (STATE OR COUNTRY) Maryland		7b. CITIZEN OF	WHAT COUNT	RY? 8. MARRIE WIDOWI	D NEVER MARRIE	ED L	Montgo			WC
by the by the lied with	00		ty or town of DE.	ATH	(IF NOT IN SUC	H FACILITY, GIVE ST		ch Rd.	ON 12	type of work for most of Clergyma	ON OF WORKING	12b. KIND	O OF BUSINESS OR
rhin 24 hour rely filled in 2 should be	35	13a. S Mg	ALRESIDENCE (IF NUR. TATE TYLAND THER'S NAME	Mont	gomery	Mt.Ai	NWO	13d. INSIDE CITY LIM YES NO 15	K	e STREET ADDRESS 9255 Br			
ald but	50		T.		anley	Sunde	rland	Eliz	7.0	Ellen		Lan	LAST
code		16a V	AS DECEASED EVER				SECURITY NO.	17 INFORMANT	<u> </u>	ADDRI		חאוו	0
axe good	1	()	res, no or unknown)	(IF YES, GIVE	E WAR OR DATES)	213-03	7/.96	Belle W.	Sund	derland	Thor	m 13	
ow requires that the death ce been signed by the attending rmit. Then please remove corb prior to buriol, cremation, or		NOIT	PART 2. OTHER SIG	mediote ng the e lost. NIFICANT C	(b) DUE TO, O		TO DEATH BUT	NOT RELATED TO TH	HE TERMIN	160			
		CERTIFICATION	190 DATE OF OPERA	123			TICH OPERATIO	N WAS PERFORMED		20a AUTOPSY? YES NO	IN CERT	YES 🗌	SES OF DEATH?
phys phys iffico of Hy of Hy	9	MEDICAL CE	21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEA	HOUR A.	.M. MONTH .M.	DAY YEAR		OCCURRED) (ENTER NATURE OF INJU	RY IN ITEM 18	B, PART I OR PART 2	
or attending After this cer e as the buria alth and Ment	5 /	MED	21d. INJURY OCCUR	HILE	(AT HOME, ST	OF INJURY REET, FACTORY, OF	H TIE	21f. LOCATION STREET		CITY OR TO	NWN	COUNTY	STATE
TTEN pital TOR: for us of He			22a.1 certify that (1) saw the decease obove, (1) (****)) (this hospit sed alive on an (did not	oftended to	e deceased fro	om 5 /	/6 , 19, 19 on that in (my)	opinion dec	to 5 / 2/ oth occurred on the d	ote and h	our and from t	
TALOR A by the has RAL DIREC detached tate Dept	=		22b. SIGNATURE	0 8.	Kor	-m)	6		DING CIAN 🏌 [MEDICAL STA	FF CIAN []		TE SIGNED 1. 21, 1982
TO HOSPITAL retained by the TO FUNERAL should be detroited with the State MADORTANT.				P. Ke	err, M.					Rd., Damas	cus,	Md.	
BP		_ '	SURIAL, CREMATION SPECIFY) Burial		May 24			Chapel				County,	Md STATE
DHMH-16 30M 2/80 (VRA 15, 4)		24 FI	NAME Olin	L. Mo	leswort	h, Page	Dama:	scus, Md.	25a, DATE R	ec'd. by registrar	25b. REGI	STRAPLSIGN	A PARTIE AND A PAR

MU SHEMLY toler 25.1 9 11, The contraction of the same of deverage . We not see that VT . or lead took query test. Mry the Lead of the contract end to be to be the distance of the contract o 13-13-13 00:00 . samor not, site 13-00 18 1,18 21,181 Let the live the last . 120 (reconn. to p. . . protocon 920 c

BP_______ DHMH - 16 50M 1/81 (VRA 15, 4)

		FOR	DEBADY	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	CIPAIR	g pusy
	1.	STATE REGISTRAR	DEFARI	CERTIFICATE OF DEATH	REG. NO.	, 4 5 3
1		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH D.	AY YEAR 26 HOUR
1	US	Florenc		Sutton	May 1, 1982	1205 AM
1	3. SE	Female	Caucasian	5. DATE OF BIRTH MONTH DAY YEAR 1901	M.	FUNDER LYEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
5		IRTHPLACE (STATE OR FOREIGN COUNTRY) III.	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY (Montgomery	DF DEATH MD
To Jo		Ity or town of DEATH Liver Spring	11. NAME OF HOSPITAL, NURS IN	NG HOME OR OTHER INSTITUTION LADDRESS) LANDRESS HOYALE	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Secretary Ret	
and See	13a.	111	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13C CITY OR TOW SILVER	130. INSIDE CITT LIMITS!	130 STREET ADDRESS	101.
150	14. F/	Thomas	Manley	15 MOTHER'S MAIDEN NA Maude	AME	lett ^{IAST}
medical		WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 26/-32	1 /2 (h	lly 1200 Fighth 8	1 Youre.
event, the		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), on ED BY: TE CAUSE (a)	Charles Quena	orthwash, 2014	BETWEEN ONSET AND DEATH
oumatic e		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	ence of	sse	2042.
r other tre		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	ENCE OF Thriosele	rocis	30 yre.
injury, a	NO	PART 2 OTHER SIGNIFICANT (P	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART 110
2	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
18 s		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	₹ 1 OR PART 2}
rked or	MEDICAL	21d INJURY OCCURRED WHILE OF WHILE OF AT WORK	21e, PLACE OF INJURY LAT HOME, STREET, FACTORY OFFICE, F	FARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is mo		220.1 certify that (1) this hospi	ttol) ottended the deseased from 19	, and that in (my) our) opinion	deoth og urred on the date and hour	ond from the couses stated
MPORTANT: If them 2		Clarlow	Thompson	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED May 1, 1982
MPORTAL		Charles W. T	Thompson, M.D.	730 24th S	st. N .W. Wash.	D.C. 20037
_	C	BURIAL, CREMATION, REMOVAL Temation	5/2/1982 Me	NAME OF CEMETERY OR CREMATORY tropolitan Crem		
/B1			esda, Maryland hrey Funeral l		Y 6 1982 Course	AP'S SIGNAL ALLEN



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN 1. DECEASED NAME (TYPE OR PRINT) ESTI-DEATH MATED 6 6. AGE (IN YEARS 3. SEX RACE DATE OF BIRTH IF UNDER TYR IF UNDER 24 HRS 2c. DATE 86 VDS PRONOUNCE DEAD 7a. BIRTHPLACE ISTATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY USA West Virginia WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER OR INDUSTRY Housewife own home S. RETAIN A. NO 2 SHOULD BE 13a STATE 14. FATHER'S NAME MIDDLE Asbury Flannagan Hopper Sunnyside Ro 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. I INFORMANT ADDRESS 4 DIVISION (YES, NO, OR UNKNOWN) 578-22-9239 Elizabeth Rind-niece S.S. Md. no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for to), (b), and (c) USED AS A BURIAL-TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, PRIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] ICATE, WRITING THE WORI FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE U THE STATE DEPARTMENT O BU 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 0 HOUR A.M. MONTH DAY YEAR UNDERLYING U OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC.) NOT WHILE CITY OR TOWN COUNTY AT WORK PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE (AT WORK 22a I certify that I taok charge of the remains described above, held on Autopsy ond in my opinion Inspection death resulted from: Natural causes Suicide Homicide Undetermined monner ACTUAL John S. Rogers, DME ADDRESS 1919 Seminary 230 BURIAL, CREMATION, REMOVAL 236, DATE Burial BP 24 FUNERAL DIRECTOR A 25 DATE REC'D N.H. 11800 **DHMH-17** Himes/Rinaldi Funeral Home S.S. (VR A15 ME (5)) 15M 2/80

-- 678-22-923) Elf-succa Miss-niece B.E. 224 THE PARTY OF THE P The strains Name The large particular with the superior of another and the second the second second second second second second Comment State & YAM

8		REGISTRAR CEASED NAME FIRST	MIDDL	IE .	LAS	TATE OF DEATH	20. DATE OF		OAY YEAR	2b. HOU
poge 3	(TYPE	OR PRINT) Marie)	XX. ANN	Tal:	ley		May 2	7-1982	2:5
rector, pours after o	3. SEX	Female	White C.		S. DATE OF	OAY YEAR	6. AGE (IN YE.	ARS EAST BIRTHDAY)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER HOURS
事		RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	AT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED		ecity <u>or</u> countgomery		
The state of the s	В	TY OR TOWN OF DEATH ethesda	(IF NOT IN SUCH FAC	ban HOS	address) spital	OTHER INSTITUTION		CCUPATION FOR MOST OF WORKIN		
filled in hould be mass, be	MAR	77	VTY 13c.	RESIDENCE BEFORE CITY OR TOWN VSINGTON	N I	3d. Inside City Limits? Yes 💢 no 🗌		DDRESS FLANDERS	S AVENUE	ASS 20
completely 1 and 2 sl		THER'S NAME FIRST FRANK	MIDDLE H.	CURRA	N	S. MOTHER'S MAIDEN N FIRST NELLI		MIODLE	DALY	ST.
on ond co		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR OATES)	216-40-		7 INFORMANT DAVID PAUL	TALLEY	SAME	AS 13 HU	ISBAN
he death certifica he attending phys emove carbon pop motion, ar remove rr troumotic event,		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS	ATEL	ENCE OF	enotic	JEAR	Diven		· Y
0 0	TION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS (b) A DUE TO, OR AS (c) CONDITIONS CONTI	A CONSEQUE	ENCE OF	OT RELATED TO THE TER	MINAL DISEASE	OR CONDITION	GIVEN IN PART I	- V
low requires that the death ce on. has been signed by the attending permit. Then please remove carbo ene prior to burial, cremotion, ar n ows any injury, or ather troumotic.	RTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONTI	A CONSEQUE RIBUTING TO D N FOR WHICH	ENCE OF DEATH BUT N OPERATION	OT RELATED TO THE TER	MINAL DISEASE 200 AUTO	OR CONDITION SY? 20b. IF IN CE	GIVEN IN PART IN	NGS USE S OF DEA
The low requires that the death ce icion. Signal bear signed by the attending list permit. Then please remove carbo giene prior to buriol, cremotion, ar rishows any injury, or other troumotic.	CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS (b) A DUE TO, OR AS (c) (c) 19b. CONDITION 19b. CONDITION ATH HOUR A.M.	A CONSEQUE RIBUTING TO D N FOR WHICH	ENCE OF DEATH BUT N OPERATION	OT RELATED TO THE TER	MINAL DISEASE 200 AUTO	OR CONDITION SY? 20b. IF IN CE	GIVEN IN PART IN	NGS USE
PHYSICIAN: The low requires that the death ce neding physicion. His certificate has been signed by the attending this certificate has been signed by the attending the buriol-transit permit. Then please remove carbo and Mental Hygiene prior to buriol, cremotion, arm of or Item 18 shows any injury, or ather troumotic.	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 10), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT OF The Country of the United States of the United State	DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONTI 19b. CONDITION 19b. CONDITION ATH HOUR A.M. 21e. PLACE OF IN	A CONSEQUE RIBUTING TO D N FOR WHICH: MONTH DA	ENCE OF DEATH BUT N OPERATION AY YEAR 19	OT RELATED TO THE TER	MINAL DISEASE 200 AUTO	OR CONDITION SY? 20b. IF IN CE	GIVEN IN PART IN	NGS USE S OF DEA'
SICIAN: The low requires that the death ce ag bhysicion. certificate has been signed by the attending richtronsit permit. Then please remove carbo ental Hygiene prior to buriol, cremotion, arritem 18 shows ony injury, or ather troumotic.		Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT (19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (FEITHER, NOTIFY MEDICAL EXAMINET CONTRIBUTING COURRED) WHILE NOTIFY MEDICAL EXAMINET	DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONTI 19b. CONDITION ATH HOUR A.M. P.M. 21e. PLACE OF II (AT HOME, STREET, F	A CONSEQUE A CONSEQUE RIBUTING TO D N FOR WHICH: MONTH DA NJURY FACTORY, OFFICE, FA	ENCE OF DEATH BUT N OPERATION AY YEAR 19 ARM. ETC.)	OT RELATED TO THE TER WAS PERFORMED 21c. HOW INJURY OCCU 21f. LOCATION STREET that in (my) (our) opinio	ZOO AUTOL YES TO RRED (ENTER NATI	OR CONDITION PSY? 20b. IF IN CE NO IS URE OF INJURY IN ITEM CITY OR TOWN	GIVEN IN PART I(YES, WERE FINDI RTIFYING CAUSES YES 118 PART I OR PART 2) COUNTY	NGS USEI S OF DEAT NO
IL OR ATTENDING PHYSICLAN: The low requires that the death ce the hospital or ottending physician. IL DIRECTOR, After this certificate has been signed by the attending attached for use as the burial-transit permit. Then please remove carbo the Dept. of Health and Mental Hygiene prior to burial, cremation, arm, if them 21 is marked or Item 18 shows any injury, or other traumotic.		Conditions, if ony, which gove rise to immediate couse 101, stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT OF THE SIGNIFICANT OF TH	DUE TO, OR AS (b) A DUE TO, OR AS (c) CONDITIONS CONTI 19b. CONDITION ATH HOUR A.M. P.M. 21e. PLACE OF II (AT HOME, STREET, F) (ital) ottended the de	A CONSEQUE A CONSEQUE RIBUTING TO D N FOR WHICH: MONTH DA NJURY FACTORY, OFFICE, FA	ENCE OF DEATH BUT N OPERATION AY YEAR 19 ARM. EIC)	OT RELATED TO THE TER WAS PERFORMED 21c. HOW INJURY OCCL 21f. LOCATION STREET , 19 that in (my) (our) opinion GREE ATTENDING PHYSICIAN	ZOO AUTOL YES TO RRED (ENTER NATI	OR CONDITION 295Y? 20b. IF IN CE NO DE CITY OR TOWN on the dote and	GIVEN IN PART I(YES, WERE FINDI RTIFYING CAUSES YES 118 PART I OR PART 2) COUNTY	NGS USE S OF DEA NO
OR ATTENDING PHYSICIAN: The low requires that the death ce hospital or attending physician. ORECORS After this certificate best signed by the attending the doctors are so the buriol-transit permit. Then please remove carbotegt, at Health and Mental Hygiene prior to buriol, cremation, armitem 21 is marked or Item 18 shows any injury, or other traumatic.	MEDICAL	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEV. (IF EITHER, NOTIFY MEDICAL EXAMINER AT WORK AT WO	DUE TO, OR AS (b) A DUE TO, OR AS (c) CONDITIONS CONTI 19b. CONDITIONS A CONSEQUE RIBUTING TO D N FOR WHICH JURY MONTH DA NJURY FACTORY, OFFICE, FA YESPER from 19 17 17 19 17 19 17 19 17 19 17 19 17 18 19 19 19 19 19 19 19 19 19	OPERATION AY YEAR 19 ARM EIC) DEATH BUT N	OT RELATED TO THE TER WAS PERFORMED 21c. HOW INJURY OCCU 21f. LOCATION STREET , 19 that in (my) (our) opinio GREE ATTENDING	PRED (ENTERNATION DIRECTOR L	OR CONDITION 2SY? 20b. IF IN CE IN CE VOID TOWN On the dote and STAFF PHYSICIAN	GIVEN IN PART I (YES, WERE FINDI RTIFYING CAUSES YES COUNTY 19 19 hour and from the	NGS USE S OF DEA NO [

THE SECOND SECOND THE S THE BOTH OF THE PART OF THE PERSON AND ADDRESS OF THE the same of
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME MIDDLE 20 DATE OF DEATH 7b. HOUR (TYPE OR PRINT) Ruth G. Tanton 10:30am 1982 May 4 4 RACE 5 DATE OF BIRTH E AGE (IN YEARS LAST BETHDAY) SEX March 26,1925 Female White BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Michigan USA Montgomery County WIDOWEDFX DIVORCED T O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 175@CAF@JUAKYR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Board of Education 01nev Montgomery General Hospital
THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY E. Rutherfordes 9 Margood Court NJ Bergen 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST UNK Emily Frederick Both 605 Notley Rd. 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) 6855 Thomas 18 None 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES T 71a ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2) HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE 22a. | certify that (1) (this haspital) attended the deceased from _ acc saw the deceased alive on abave, (I) (we) (did) (did) view the bady alter death that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL FLANNERY PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS PHYSICIAN'S NAME (TYPE OR PRINT) Donald Dillon, M.D. 18101 Prince Philip Dr., Olney, 23b. DATE 5/6/82 230. BURIAL, CREMATION, REMOVAL 23. NAME OF CEMETERY OF CREMATORY 231 LOCATION Geo. Washington Mem. Cemetery Paramus, N ISPEBurial

DHMH - 16 60M 1/75 (VR A 15 (4))

FUNERAL I

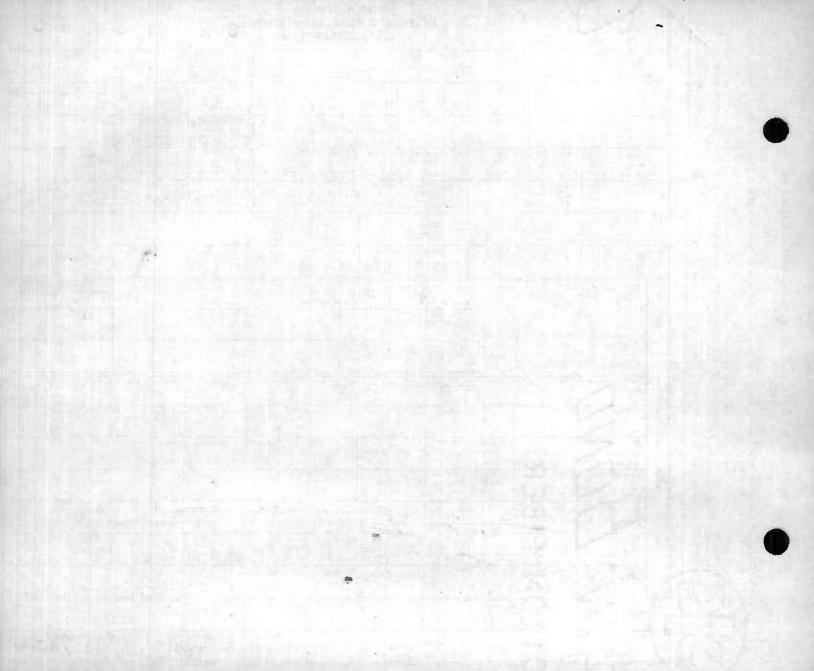
MPORTANT

8

24 FUNERAL DIRECTOR

Hines/Rinaldi 11800 North Ave.S_S_Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR



MAY

500 UNIV. BLVD. W., SILVER SPRING, MD. 20901

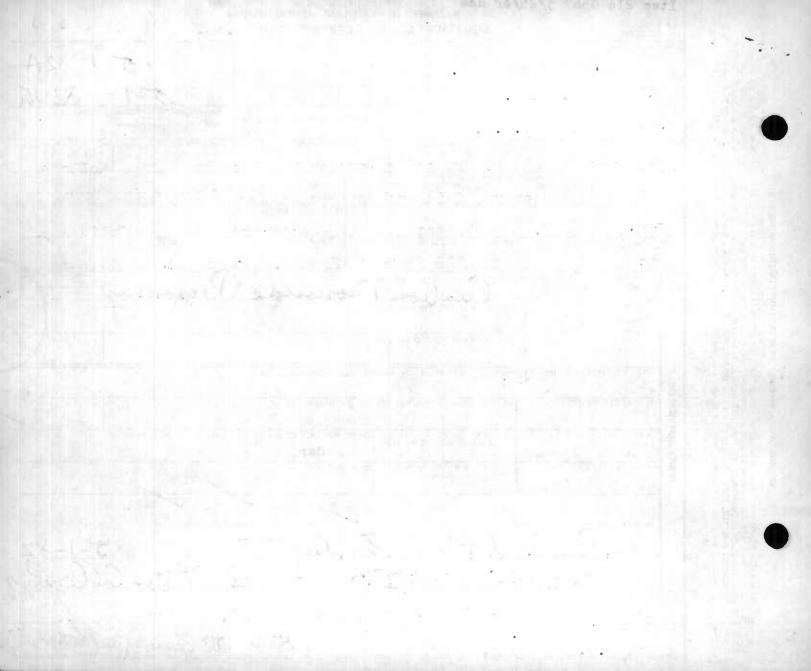
DHMH - 16 50M 1/81

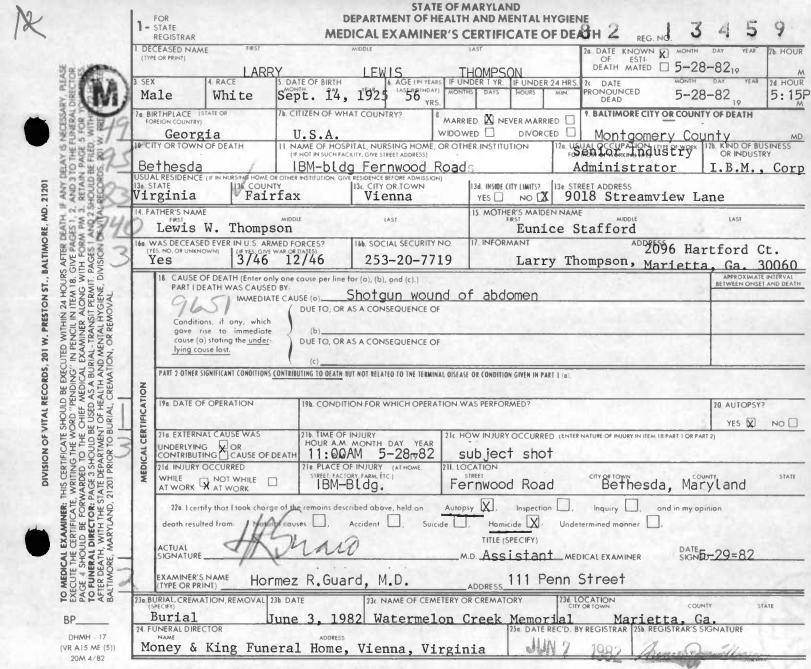
(VRA 15, 4)

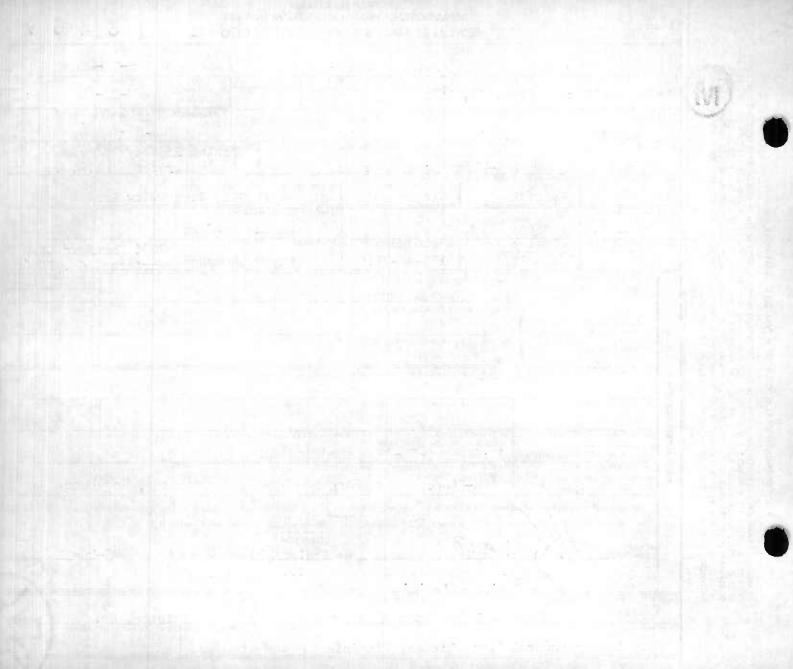
STATE OF MARYLAND

V C St 3 - 8 & 18 DIFFERENCE STREET LANDS The state of the s I Francisco I Walkedown PROBLEM STATES OF STATES OF STATES AND STATES OF THE STATE

	REGISTRAR ECEASED NAM	E FIRST	WIDDLE	AINER'S CERTIFIC	-	DATE KNOWN	MONTH DAY YEAR	2ь. НО
URS EET,	YPE OR PRINT)	TACOUET	TAIL D	THOMAS	6 10	OF ESTI-	5-17.8	DA
2 5		4 RACE QUEI	5. DATE OF BIRTH 6. AGE	IN YEARS IF UNDER 1 YR. I	F UNDER 24 HRS. 2c		MONTH DAY YEAR	2d. HO
	MALE	Cauc.	Apr. 26 1961 21	RIHDAY) MONTHS DAYS YRS.		RONOUNCED 5	-1-8	11/4
70. B	OREIGN COUNTRY	rolina	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVI	ER MARRIED *		R COUNTY OF DEATH	
_	ITY OR TOWN		11. NAME OF HOSPITAL, NURSING H	WIDOWED L	DIVORCED L	Montgom		IISINESS
)			(IF NOT IN SUCH FACILITY, GIVE STREET ADDR	RESS)	FOR MO	ST OF WORKING LIFE)	OR INDUS	TRY
USU	AITHER	(IF IN NURSING HOME O	19801 Greensid		Stud		Colle,	ge
A 1 4	rvland	Mont	gomery Gaither		Y LIMITS? 13e. STREE 1980	TADDRESS 11 Greens	side terra	Ce
-	ATHER'S NAM			15. MOTHER	'S MAIDEN NAME			
1	John	C	. Thomas	FIR	osemary	MIDDLE	Celia	
16a.		D EVER IN U.S. ARA		URITY NO. 17. INFORMA	ANT	ADDRESS	Cerra	
	no	(IF YES, GIVE V		9094 John	C. Thom	as see	# 13	
1	18 CAUSE C	OF DEATH (Enter on)	y ane couse per line far (a), (b) and (c).		.00	5	APPROXIMA BETWEEN ONS	TE INTERVA
	PARTIDI	EATH WAS CAUSED	BY:	1 / honos	lidel	Josson	wee server	ET AND DEA
ن ا	75	20	DUE TO, OR AS A CONSEQUEN	NCE OF			4	
		ns, if any, which ise to immediate	(b)					
			< , ,					
8) stating the <u>under</u> -	DUE TO, OR AS A CONSEQUEN	NCE OF				
	lying car		DUE TO, OR AS A CONSEQUEN	NCE OF				
	PART 2 DTHER S	use last.			GIVEN IN PART 1 (a).			
NOIT	PART 2 DTHER S	ignificant conditions o	(c) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE DR CONDITION (
ICATION	PART 2 DTHER S	use last.	(c)	E TERMINAL DISEASE DR CONDITION (2D. AUTOPS	Y?
RTIFICATION	PART 2 DTHER S	IGNIFICANT CONDITIONS OF	(c) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE DR CONDITION O	NED?		YES 🗆	Y? NO [
L CERTIFICATION	PART 2 DTHER S 19a. DATE OF	IGNIFICANT CONDITIONS OF	(c) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE 19b. CONDITION FOR WHICH C	TERMINAL DISEASE DR CONDITION OF THE PROPERTY	NED?	TURE OF INJURY IN ITEM 18 P	YES 🗆	
DICAL CERTIFICATION	PART 2 DTHER S 19a. DATE OF	GNIFICANT (DIDITIONS OF OPERATION AL CAUSE WAS OR NG CAUSE OF D	(c)	DPERATION WAS PERFORM YEAR 21c HOW INJURY C	NED?	TURE OF INJURY IN ITEM 18 P	YES 🗆	
MEDICAL CERTIFICATION	PART 2 DTHER S 19a. DATE OF 21a. EXTERN. UNDERLYING CONTRIBUTI 21d. INJURY 6	FOPERATION AL CAUSE WAS GOR NG CAUSE OF D CCURRED	(c) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE 19b. CONDITION FOR WHICH C	DPERATION WAS PERFORM YEAR 21c HOW INJURY C	NED? DCCURRED (ENTER NAT	TURE OF INJURY IN ITEM 18 P	YES 🗆	
MEDICAL CERTIFICATION	PART 2 DTHER S 19a. DATE OF 21a. EXTERN. UNDERLYING CONTRIBUTI 21d. INJURY 6	GNIFICANT (DIDITIONS OF OPERATION AL CAUSE WAS OR NG CAUSE OF D	(c) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE 19b. CONDITION FOR WHICH C 21b. TIME OF INJURY HOUR A.M. MONTH DAY HOUR A.M. MONTH DAY 21c. PLACE OF INJURY (AT HOM	TERMINAL DISEASE DR CONDITION OF THE PROPERTY	NED? DCCURRED (ENTER NAT		YES PART 1 OR PART 2)	NO [
MEDICAL CERTIFIC	PART 2 DTHER S 190. DATE OF 210. EXTERN. UNDERLYING CONTRIBUTI 210. INJURY 0 WHILE AT WORK	GOPERATION AL CAUSE WAS GOR NG CAUSE OF D CCURRED NOT WHILE AT WORK	(c) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE 19b. CONDITION FOR WHICH C 21b. TIME OF INJURY HOUR A.M. MONTH DAY HOUR A.M. MONTH DAY 21c. PLACE OF INJURY (AT HOM	PERMINAL DISEASE DR CONDITION OF THE PERMINAL DISEASE DR CONDITION OF T	NED? DCCURRED (ENTER NAT	CITY OR JOWN	YES PART 1 OR PART 2)	NO
MEDICAL CERTIFICATION	PART 2 DTHER S 190. DATE OF 210. EXTERN. UNDERLYING CONTRIBUTI 210. INJURY 0 WHILE AT WORK	GOVERNED OF OPERATION AL CAUSE WAS OF OPERATION AL CAUSE WAS OF OPERATION AL CAUSE OF D OCCURRED NOT WHILE AT WORK	(C) (DITRIBUTING TO DEATH BUT NOT RELATED TO THE 19b. CONDITION FOR WHICH C 21b. TIME OF INJURY HOUR A.M. MONTH DAY HOUR A.M. MONTH DAY 21c. PLACE OF INJURY (AT HOM STREET, FACTORY, FARM, ETC.)	PERMINAL DISEASE DR CONDITION OF THE PERMINAL DISEASE DR CONDITION OF T	DCCURRED (ENTER NAT	CITY OR JOWN	YES PART 1 OR PART 2)	NO
MEDICAL CERTIFICATION	PART 2 DTHER S 19a. DATE OF 21a. EXTERN. UNDERLYING CONTRIBUTI 21d. INJURY (WHILE AT WORK 22a. I certi death result	GOVERNED OF OPERATION AL CAUSE WAS OF OPERATION AL CAUSE WAS OF OPERATION AL CAUSE OF D OCCURRED NOT WHILE AT WORK	(c) (DITRIBUTING TO DEATH BUT NOT RELATED TO THE 19b. CONDITION FOR WHICH C 21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e. PLACE OF INJURY (AT HOM STREET, FACTORY, FARM, ETC.)	TERMINAL DISEASE DR CONDITION OF THE PROPERTY	DCCURRED (ENTER NAI)	Inquiry , and	YES PART 1 OR PART 2)	NO
MEDICAL	PART 2 DTHER S 19a DATE OF 21a EXTERN. UNDERLYING CONTRIBUTI 21d. INJURY 0 WHILE AT WORK	GOVERNED OF OPERATION AL CAUSE WAS OF OPERATION AL CAUSE WAS OF OPERATION AL CAUSE OF D OCCURRED NOT WHILE AT WORK	(c) (DITRIBUTING TO DEATH BUT NOT RELATED TO THE 19b. CONDITION FOR WHICH C 21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e. PLACE OF INJURY (AT HOM STREET, FACTORY, FARM, ETC.)	TERMINAL DISEASE DR CONDITION IN CONDITION WAS PERFORM YEAR 21c HOW INJURY CONTROL STREET Autopsy Suicide Hamicia	Inspection (Inspection)	Inquiry , and	YES PART 1 OR PART 2)	NO [
MEDICAL	PART 2 DTHER S 19a. DATE OF 21a. EXTERN. UNDERLYING CONTRIBUTI 21d. INJURY 0 WHILE AT WORK 22a. I certi deoth result ACTUAL SIGNATURE.	GOPERATION AL CAUSE WAS GOR NG CAUSE OF D COCURRED NOT WHILE AT WORK The street of the street	(c) (DITRIBUTING TO DEATH BUT NOT RELATED TO THE 19b. CONDITION FOR WHICH C 21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e. PLACE OF INJURY (AT HOM STREET, FACTORY, FARM, ETC.)	TERMINAL DISEASE DR CONDITION IN CONDITION WAS PERFORM YEAR 21c HOW INJURY CONTROL STREET Autopsy Suicide Hamicia	Inspection (Inspection)	Inquiry , and	YES PART 1 OR PART 2)	NO [
MEDICAL	PART 2 DTHER S 19a. DATE OF 21a. EXTERNAL UNDERLYINA CONTRIBUTI 21d. INJURY 6 WHILE AT WORK 22a. I certi death result	GOOD WHILE AT WORK	(c) (DITRIBUTING TO DEATH BUT NOT RELATED TO THE 19b. CONDITION FOR WHICH C 21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e. PLACE OF INJURY (AT HOM STREET, FACTORY, FARM, ETC.)	TERMINAL DISEASE DR CONDITION IN CONDITION WAS PERFORM YEAR 21c HOW INJURY CONTROL STREET Autopsy Suicide Hamicia	Inspection (Inspection)	Inquiry , and	YES PART 1 OR PART 2)	NO [
WEDICAL	PART 2 DTHER S 19a. DATE OF 21a. EXTERNA UNDERLYINA CONTRIBUTI 21d. INJURY 6 WHILE AT WORK 22a. I certi deoth result ACTUAL SIGNATURE.	FOPERATION AL CAUSE WAS GOR NG CAUSE OF D COCCURRED NOT WHILE AT WORK Nature NAME	21b. TIME OF INJURY HOUR A.M. MONTH DAY 21c. PLACE OF INJURY (AT HOM STREET, FACTORY, FARM, ETC.) 21 b. TIME OF INJURY HOUR A.M. MONTH DAY 21 c. PLACE OF INJURY (AT HOM STREET, FACTORY, FARM, ETC.) 22 C. Accident	TERMINAL DISEASE DR CONDITION OF THE PROPERTY OF COLUMN AS PERFORM 21c HOW INJURY COLUMN STREET ALE, 21f. LOCATION STREET AUTOPSY SUICIDE HOMICION (SPI	Inspection Undeterr	Inquiry , and mined manner , AL EXAMINER	COUNTY d in my apinian	NO [
Affek Deart, with the state Departs Ballimore, Maryland, 21201 Prior To	Iying cou PART 2 DTHER S 19a. DATE OF 21a. EXTERN. UNDERLYING CONTRIBUTI 21d. INJURY 6 WHILE AT WORK 22a. I certi deoth result ACTUAL SIGNATURE. EXAMINER'S (TYPE OR PRI BURILL, CREMA (SPECIFY)	IGNIFICANT CONDITIONS OF POPERATION AL CAUSE WAS GOOD ON THE CONTROL OF DOCCURRED NOT WHILE AT WORK If y that I took charge of from: Nature	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e PLACE OF INJURY (ATHOR STREET, FACTORY, FARM, ETC.) e of the remains described above, held all causes Accident Accident	TERMINAL DISEASE DR CONDITION IN CONDITION WAS PERFORM YEAR 21c. HOW INJURY CONTROL STREET Autopsy Suicide Autopsy Suicide Homicid Autopsy Suicide Autopsy Suicide TIM (SPI	Inspection Undeterr	Inquiry , and mined manner , AL EXAMINER ATION TOWN	COUNTY d in my apinian DATE STONED TO STONE OF THE STON	STA







STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20 DATE OF DEATH 1. DECEASED NAME 2h HOUR (TYPE OR PRINT) 3 SEX 4 RACE DATE OF BIRTH LIN YEARS LAST BIRTHDAY MONTH YEAR female caucasian 1893 March To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Washington, D.C WIDOWED DIVORCED Montgomery County NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH EACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rockville National Lutheran Home U.S.Govt audi tor BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (15 NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13a STATE 13c CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland Montgomerv Bethesda 9200 Old Georgetown Road 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST FIRST MIDDLE O George Kidwell Annie McKinnev 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** Md. LYES NO OR UNKNOWNS (IF YES, GIVE WAR OR DATES) Marsh 12213 Pm shey Wheato APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, il any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VIT AL RECORDS, CERTIFICATION 20a AUTOPSY? 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [NO F 218. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 0 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE Po WHILE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from ond that in (my) (sept) opinion death occurred on the date and hour and from the causes stated sow the deceased alive an obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED * ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRES d b 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION 23b. DATE CITY OR TOWN Burial May 7,1982 Rock Creek Cemetery Washington, D.C. 24. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 251 DEGISTRAR'S SIGNATURE DHMH-16 60M 1/73 Hysong Funeral Home, 1300 N St.N.W.Wash. D.C. (VR A 15 (4))

Liberton Company of the Company of Company of Company of Company of Company Marine San Color C AND THE RESERVE TO BE AND THE RESERVE OF THE PROPERTY OF THE P

15M 2/BO

nos gent fevolerson Stoff Fig. steller Till 3 : neggineral virgostroll intelevent Transport . Vencell verbered by the contract TOURS OF THE STATE OF THE STATE STATE BIRLINGS

Axe Funeral Home

TO BE SEED tion - A tool of the real of the contract of t - We transport to present to Die bel stude mile v cor united a size a HILL KELLY STOP and the Mass-Onl-affer A CAMPANIAN AND TO TAKE TO A CAMPANIAN AND A C in the state provide the sure TO THE RESIDENCE OF THE PROPERTY OF THE PROPER

STATE OF MARYLAND

8 2 REG. 1	10	3	4
---------------	----	---	---

F	1-	REGISTRAR			DEFARIT		ICATE OF DEATH	8 ansie	REG. NO.	1 3 4	6	3
		CEASED NAME ORPRINT)	Edn		A.	Tr	avaalini	20. DATE OF	DEATH MONTH	DAY YEAR	26. HOUR	PM
	3. SE	Male	4	Whit	e	5 DATE O		6 AGE (INYE	YRS	MONTHS DATS		MIN.
5		Penn.		USA	VHAT COUNTRY?	MARRIE WIDOWE	D Never Married D	9 BALTIMOR	ecity or coun	TY OF DEATH		MD,
18	3		pring	(IENDT IN SUCH	FACILITY, GIVE STREET	ADDRESS)	DR OTHER INSTITUTION	(TYPE OF WORK	CCUPATION > FOR MOST OF WORKING Itist-Se	12b. KIND INDUSTRY	of BUSINES	
5	13a S	Md.	136 COUNT		130 CITY OR TOW S.S.		13d INSIDE CITY LIMITS? YES X NO	113e STREET A				
20	I		'rava		LAST		15 MOTHER'S MAIDEN NA Clelia	ME	MIDDLE Del	aurent	ST	
		VAS DECEASED EVER VES 100 OR UNKNOWN) Yes		ED FORCES?	165 SOCIAL SECU	092	Helen T			e)		
	ATION	Conditions, if any, gave rise to imm cause 10, stofin underlying cause	nediote ig the lost.	DUE TO, OR	AS A CONSEQUE	NCE OF	LUNG D		S CM C CONDITION G		4R	
2	CERTIFICAT	19a DATE OF OPERAT	NOI	19b. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOP	IN CERT	YES, WERE FINDS	INGS USED S OF DEATH NO	1?
9	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	CAUSE OF DEATH	P.M 21e. PLACE C	A. MONTH DA	19	211 LOCATION STREET		URE OF INJURY IN ITEM 18	B PART OR PART 2) COUNTY	STA	ATE
		22a I certify that (I) saw the decease above, (I) (way) (d 22b SIGNADURE	(this hospito ed olive on _ lid) (elid not)	view the body o	110 10		DEGREE ATTENDING PHYSICIAN E 22e ADDRESS ATTENDING PHYSICIAN E	death occurred MEDICAL DIRECTOR	STAFF	our and from the	that (1) former courses state SIGNED	et lost ed
	23a. B	URIAL, CREMATION, I	REMOVAL	23b. DATE 5/14/		12 1111	EMETERY OR CREMATORY Seplucher Ce		RTOWN	соинту	STA	ATE

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR:

MPORTANT: If them 21 is marked ar them 18 shows any injury, or other troumatic event, the should be detached for use as the burial-transit permit. Then please remaye carbainape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal

> 24. FUNERAL DIRECTOR Hines/Rinaldi 11800 N.H. Ave. S.S. Md.

The second of the second The late that the same is the backgrown is all your survey to said the

1	1 -	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE
be	1-	MEDICAL EXAMINED'S CENTIFICATE OF DEATH
6	1. DE	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DPATH REG. NO. CEASED NAME FIRST MIDDLE LAST To. DATE KNOWN MONTH DAY YEAR HOWELD THE PROPERTY OF THE PROP
N W W N P		Helene L. Trundle DEATH MATED DE 2 4982
A DE LE COME DE LA COM	I. SE	4. RACE 5. DATE OF BIRTH 6. AGE (IN YEAR) IF UNDER 1 YR. IF UNDER 24 HRS. 26. DATE MONTH DAY YEAR 2
A SEE	B	F W Dec 10 03 78 YRS. LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD MAY 44 1982
33.15		RTHPLACE (STATE OR ARRIED 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
NECESSA FUNERA S FOR WITH WITH		SSL D.C. USA WIDOWED & DIVORCED Montgomery MD.
DELAY IS. 1 TO THE H. N. PAGE PLED (DS, 201	10. C	TY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) 120 USUAL OCCUPATION (TYPE OF FORK 126 KIND OF BUSINESS OR INDUSTRY) OR INDUSTRY
T S. 2 P. P. T. C. S. S. P.	1	2K Park Wash A Luent Houp WARDRODE CLERK
0 - 0 &	130. S	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATE 136. CITY OR TOWN 136. INSIDE (11Y LIMITS? 136. STREET ADDRESS
D. 2120 IF ANY 3. RETA SHOUL	1	nd. Prince George Adalphi VES & NO 1836 Mot BerottRd.
ESSET N	-	ATHER'S NAME IS. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST LAST
TIMORE THE DEA FENT AND ON		VAS DECEASED EVER IN U.S. ARMED FORCES? I I B. SOCIAL SECURITY NO. II. INFORMANT ADDRESS ADDRESS
BALTIMORE. SS AFTER DEAT ITH FORM PY PAGES IN VISION OF AVI	()	ES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)
BALTI JRS AFT WITH F T. PAGE DIVISIO		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL
ITAL RECORDS, 201 W. PRESTON ST., BAHOUED BE EXECUTED WITHIN 24 HOURS, RESTON ST., BAHOUED WITHIN 24 HOURS, RHEF MEDICAL EXAMINER ALONG WITHOUT AND ABURAL TRANSIT PERMIT, PAOF HEALTH AND MENTAL HYGIENE, DINIRIAL, CREMATION, OR REMOVAL.		PARTI DEATH WAS CAUSED BY:
PRESTON ST ITHIN 24 HOL CIL IN ITEM 14 VER ALONG ANSIT PERMIT AL HYGIENE, REMOVAL.		429 MMEDIATE CAUSE (o) TOWN OF THE STATE OF
PRESI THIN CIC IN HER A ANSIT AL HY REMO		Conditions, it any, which gave rise to immediate (b) Chronic Myocardial Dist yrs.
201 W. PRE UTED WITHI IN PENCIL EXAMINER RIAL - TRANG O MENTAL P		cause (a) starting the under- DUE TO, OR AS A CONSEQUENCE OF
S EXAL		lying couse last. (c)
RDS ING ING HAN WAT		PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING 1D DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d).
BIVISION OF VITAL RECORDS, 201 S CERTIFICATE SHOULD BE EXECUTED RITING THE WOOD "PENDING" IN PROPED TO THE CHIEF MEDICAL EXA E3 SHOULD BE USED SA B BURIAL, E DEPARTMENT OF HEALTH AND ME OI PRIOR TO BURIAL, CREMATION,	CERTIFICATION	None
SHOULD ORD "PEI ORD "PEI ORD "PEI ORD "PEI ORD "PEI ORD MEI USED A UNIVERSITAL, ORD MEI ORD ME	Z.	198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY?
F VITA WOORD WOORD WOORD BE CHILL BURIL BU	RT	216 EXTERNAL CAUSE WAS 216 TIME OF INJURY 7216 HOW IN 1138Y OCCURRED LENGTH NATION OF INJURY 1216 HOW INJURY 12
MUSSION OF VIT CERTIFICATE SH TITING THE WOR DED TO THE CH E 3 SHOULD BE U E PERMENT O E PERMENT O I PRIOR TO BUR		UNDERLYING OR HOUR A.M. MONTH DAY YEAR
DIVISION THIS CERTIFIC WARDED TO WARDED TO WARDED TO TATE DEPARTOR 21201 PRIOR	MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21) LOCATION
	¥	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
DIN JATE, WRII CORWARD OR: PAGE. HE STATE (
E CERTIFICATE, DULD BE FORWAITH THE STANDARD		220. I certify that I taak charge of the remains described above, held an Autapsy I, Inspection I Inquiry I, and in my apinion death resulted from: Natural causes Accident I, Suicide I, Hamicide I, Undetermined manner I,
EXAMINE CERTIFICA JUD BE FO DIRECTO WITH THI		death resulted from: Natural causes Accident , Suicide , Hamicide , Undetermined manner ,
A HONOR		ACTUAL SIGNATURE MEDICAL EXAMINER SIGNED WEY 4/982
DEAR STATE	-	
TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F ATTENDEATH, WITH THE BALTIMORE, MARYLAT		EXAMINER'S NAME (ITYPE OR PRINT)ADDRESS
525 P P P P P P P P P P P P P P P P P P	1	URIAL, CREMATION, REMOVAL 236, DATE 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION CHYOR TOWN,
= G BP		WEIGL 7MAY 82 Ft. LINCOLN BEZUTWOOD TO THE STORY OF THE S
5 705 DHMH-17		NAME ADDRESS CANAAN (48) Chinit
(VR A15 ME (5))	10	UISLIGEBRY GONSANNAPOLIC RO MO 20706 MINI I 1002

Name of the second seco Allene Hi America Crassical Company Charles of the Same of the Sam AJO. Butted There's a it among the desired to ANTAL SIN and Administration of the say of the con-

Spr.,

mo

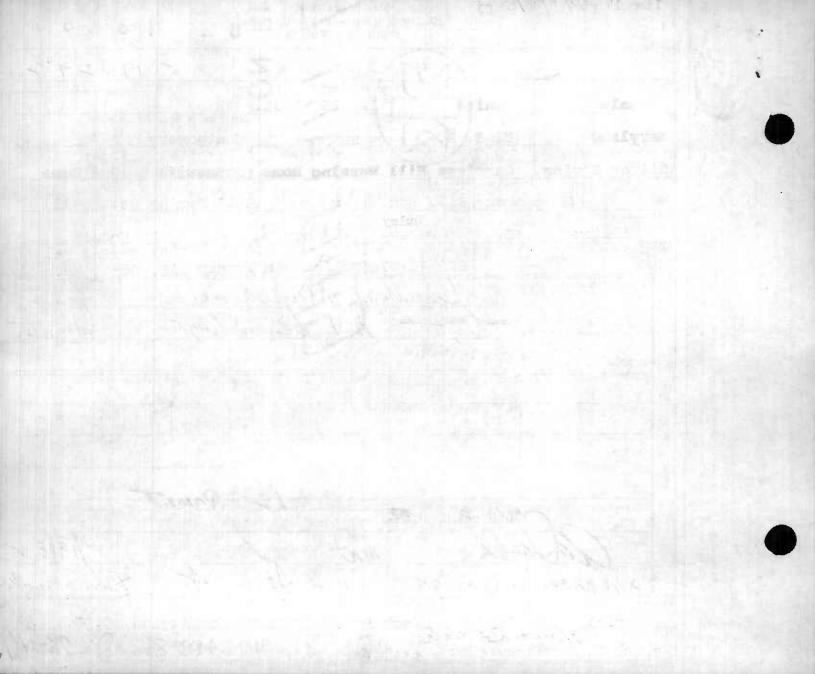
STATE OF MARYLAND

Item 14 g567 5/28/82

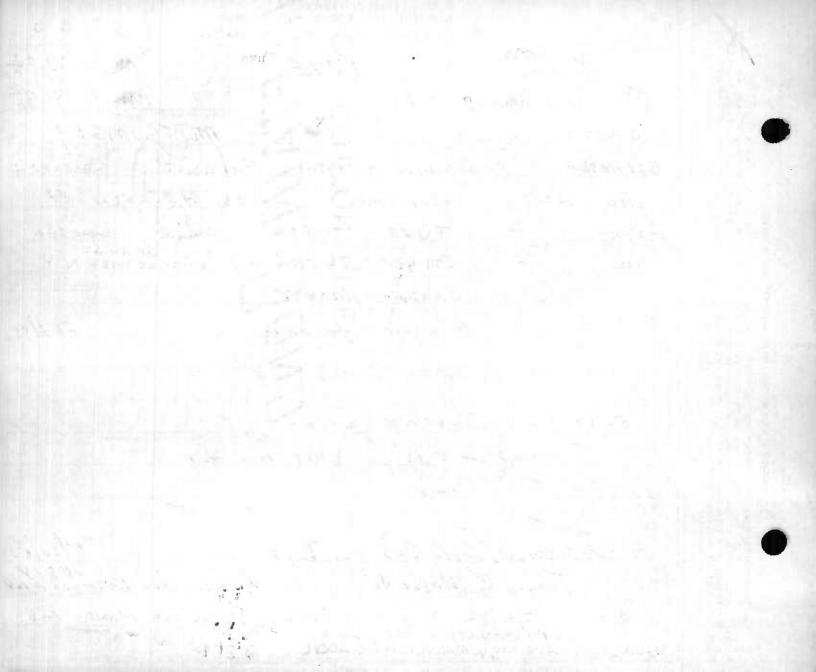
(VRA 15, 4)

Warner

E. Pumphrey, Inc.,



./-	STATE OF MARYLA FOR DEPARTMENT OF HEALTH AND M	
18	- STATE REGISTRAR MEDICAL EXAMINER'S CERTIFI	CATE OF DEATH REG No. 3 4 6 6
10	DECEASED NAME FIRST Merle MIDDLE A. LAST	20. DATE KNOWN W MONTH DAY YEAR 125 HOUT
EFT, S.S. S.	Merie H. Tuve	DEATH MATED 19 00 19
SKRY, PLASE ANDRECTOR. YOUR, FILES. BIN 72 HOURS STON SIREET,	SEX MALE JUNE 29,901 6. AGE (IN YEARS IF UNDER 1 YR. LAST BIRTHDAY) MONTHS DAYS	HOURS MIN. PRONOUNCED DEAD NAY 20 1982 32 A
S NECESSAR FUNERAL B, WITHIN W. PRESTO	B. BIRTHPLACE (STATE OR FOREIGN COUNTRY) B. MARRIED NI	100 10-11 - 100 / 1111
S NEEFUNGE 5 P. W. P.	SO. DAKOTA U, S, A. WIDOWED C.	DIVORCED ///6/1/60W13 KY JTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS
>=0=2 / ^	BETHESDA SUBURBAN HOSPITA	L BAYSICIST RESEARCH
- 2050	SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. COUNTY 136. CITY OR TOWN 136 INSIDE YES YES	CITY LIMITS? 13. STREET ADDRESS SKETU
	1. FATHER'S NAME	IER'S MAIDEN NAME MIDDLE LAST
	ATONY - TUVE I	LARSEN LARSEN
TIM THE FOR FOR SES-V	60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 160. SOCIAL SECURITY NO. 17. INFOR	MANT COMLY, 1455 DEAN ST.
: 5 6 3 - 0	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IN 24 HOUR IN TEM 18. A ALONE SIST PERMIT. HYGIENE, D	PARTIDEATH WAS CAUSED BY: MMEDIATE CAUSE (a) ODUE TO, OR AS A CONSEQUENCE OF	37
W. PRESTON ST v WITHIN 24 HOU ENCIL IN 1EM 11 MINER ALONG TRANSIT PERMIT INTAL HYGIENE, OR REMOVAL.	Conditions, if any, which gave rise to immediate (b) GUNSHOT Was	20 HVe
DS, 201 W. PREST XECUTED WITHIN: 4G' IN PENCIL IN AL EXAMINER AI BURIAL - FRANSIT AND MENTAL HY ATION, OR REMO	cause (a) stoting the <u>under-</u> lying cause last. DUE TO, OR AS A CONSEQUENCE OF	
L RECORDS, 201 W. ULD BE EXECUTED W "PENDING" IN PEN F MEDICAL EXAMIR ED AS A BURIAL - IR HEATTH AND MENI AL, CREMATION, OR	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION	ON GIVEN IN PART 1 (c)
COR NOIN SEA SEA SEA SEA		
TAL RECOR HOULD BE E ACO "PENDIN HIEF MEDICAL USED AS A OF HEALTH	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFO	
N SECTION OF SECTION O	5-19-82 GUNSHOT WEUN 210. EXTERNAL CAUSE WAS: 270. TIME OF INJURY 211. HOW INJURY 211. HOW INJURY	YOCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2)
ON O FIFCAT TO THE NOTING OR TO	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFO 5-19-82 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 216. INJURY OCCURRED 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 217 PLACE OF INJURY (AT HOME, STREET) STREET, FACTORY, FARM, ETC.)	
DIVISION OF VITAL RECORDS, INNER: THIS CERTIFICATE SHOULD BE EXEC FICATE, WRITING THE WORD "FENDING" F FORWARDED TO THE CHIEF MEDICAL TOR: PAGE 3 SHOULD BE USED AS A BUS THE STATE DEPARTMENT OF HALTH AND JAND, 21201 PRIOR TO BURIAL, CREMATIL	214 INJURY OCCURRED WHILE AT WORK AT WORK 218 PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) STREET STREET STREET	CITY OR TOWN COUNTY STATE
ER: TH ATE, V ORW/ ORW/ OR: PA AE STA AD, 21	22a Certify that I took charge of the remains described above, held an Autopsy	Inspection . Inquiry . ond in my opinion
MAIN TIFIC BE F BE F BE F TIFIC TIFI TIFI	death resulted from: Actival causes	icide Undetermined monner ,
ICAL EXA SHOULD SHOULD ERAL DIR EATH, WI ORE, MAR	ACTUAL SIGNATURE TO COLOR SIGNATURE M.D. TITLES	SPECIFY) MEDICAL EXAMINER DATE SIGNED SIGNED
TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL WITH THE STATE BALTIMORE, MARYLAND, 2120	EXAMINER'S NAME FRANCAS C MAYLE IV ADDRESS.	8200 Wiscousen Au Betwessa Mi
TO PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	30. BURIAL, CREMATION, REMOVAL 236 DATE 231, NAME OF CEMETERY OR CREMAT	ORY 23d LOCATION COUNTY STATE
BP	50/1/7	M. ROCKVILLE MONTG- MD. 1250. DATE REC'D. BY REGISTRAR 1250. REC'STRAR'S SIGNATURE VO.
DHMH - 17 (VR A15 ME (5))	FUNERAL DIRECTOR JOSEPH GHWLEK'S SONS, INC. 5130WSCANGNAVE, NW. WASHINGTON, D.C. 2001	
15AA 2/80	CIBONO DI LA	IN COUNTY OF THE PARTY TO



- STATE

DHMH-16 25M

(VRA 15, 4) 1/79

Hines Rinaldi Funeral Home

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE Homes, P.A., Bethesda, Maryland

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

JUN 3 192 Theres Gan West 4

restrated bosses of . In Market of the source course land of the search bossesses Market Market onal sacretured to topic and the Storage Topic State Caronica Communication and Administration of the Communication of and 2 shauld be filled wom

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physical and should be detached for use as the burial-transit permit. Then please remove carbonpopers. Fagure with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked or Item 18 shaws ony injury, or other troumotic event, III

FOR - STATE

STATE	OF	MARYL	AND

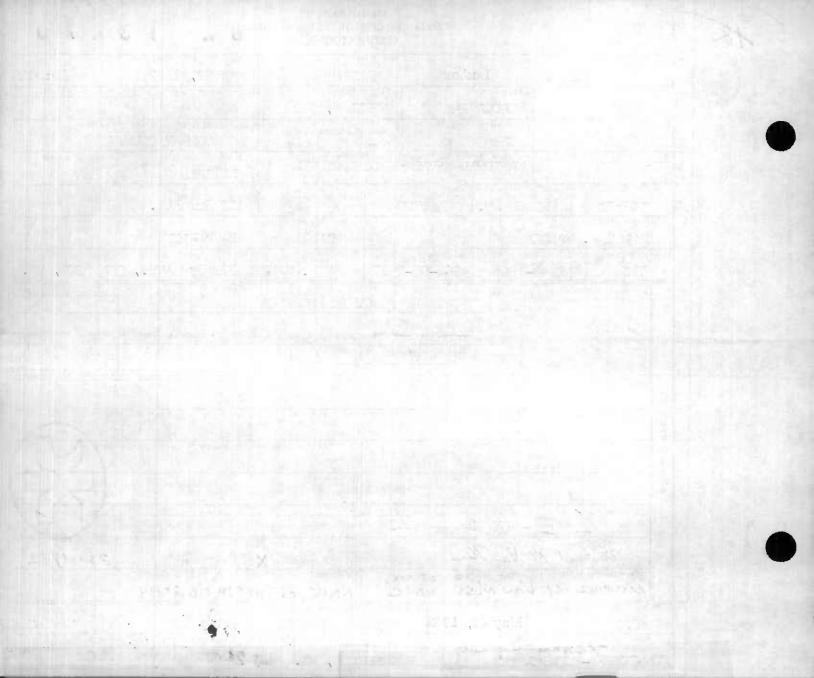
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

engi		1000	179
3	64	1	0

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONIM	DAY YEAR 26 HOUR
WILLIAM	Luther	WALDEN	MAY 22, 1982	10:00A
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
MALE	CAUCASIAN	APRIL 6,1922	60 YRS	MONTHS DAYS HOURS MIN.
TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	A DALTIMORE CITY OR COUNTY	Y OF DEATH
FLORIDA	USA	WIDOWED DIVORCED		NIY
10 CITY OR TOWN OF DEATH BETHESDA	NATIONAL NURSIN	G HOME OR OTHER INSTITUTION	N 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126. KIND OF BUSINESS OR
VIRGINIA PR	TO OTHER INSTITUTION, GIVE RESIDENCE BEFORE JNTY INCE WM. 13(CITY OR TOWN QUANTIC	N 13d. INSIDE CITY LIMI	1 777 7 377	
SAMUEL C. WALD	MIDDLE LAST	15. MOTHER'S MAIDE MINNIE	WEATHERLY .	LASY
60 WAS DECEASED EVER IN U.S. A		RITY NO. 17. INFORMANT	ADDRESS	
YES (1940)	0-1966 266-09-	2077 RUBY D. W.	ALDEN 322 3rd AVE.,	QUANTICO, VA.
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE (b) SEPSIS SI DUE TO, OR AS A CONSEQUE (c) HEMORRHA	MPHOCYTIC LEUKE NCE OF HOCK NCE OF GIC SHOCK		APPROXIMATE INTERVAL BETWEEN OMSELAND DEATH
190 DATE OF OPERATION 190 DATE OF OPERATION		OPERATION WAS PERFORMED	INCERTE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	EATH HOUR A.M. MONTH DA	19 21f. LOCATION	CCURRED (ENTER NATURE OF INJURY IN ITEM IB.	PART I OR PART 2) COUNTY STATE
AT WORK NOT WHILE AT WORK		220	00	0.0
	photy offended the deceased from	MARCH 20	02 , to MAY 22	19 82 , that (1) (y) los
sow the deceased alive a above, (1) (we) (did) (did)	n MAY 22 19 19 19 19 19 19 19 19 19 19 19 19 19	82, and that in (my) (aur) op	ninian death occurred on the date and had	ur and from the causes stated
226. SIGNATURE	W. Van Ken	DEGREE	NG A MEDICAL STAFE	22c. DATE SIGNED
			NG MEDICAL STAFF	23114/82
MICHAEL M.	Una NESS US.N.	220 ADDRESS NNMC, BI	ETHESDA, MD 20814	
230. BURIAL, CREMATION, REMOVA BURIAL	2 0	AME OF CEMETERY OR CREMATION OF CEMETER	Y DUMFRIES	COUNTY VIRGI
24 FUNERAL DIRECTOR NAME CUNNTNGHAM MOUNTY	Special ADDRESS CASTLE W	OODBRIDGE, VA	DATE REC'D. BY REGISTRAR 256. REGIS	

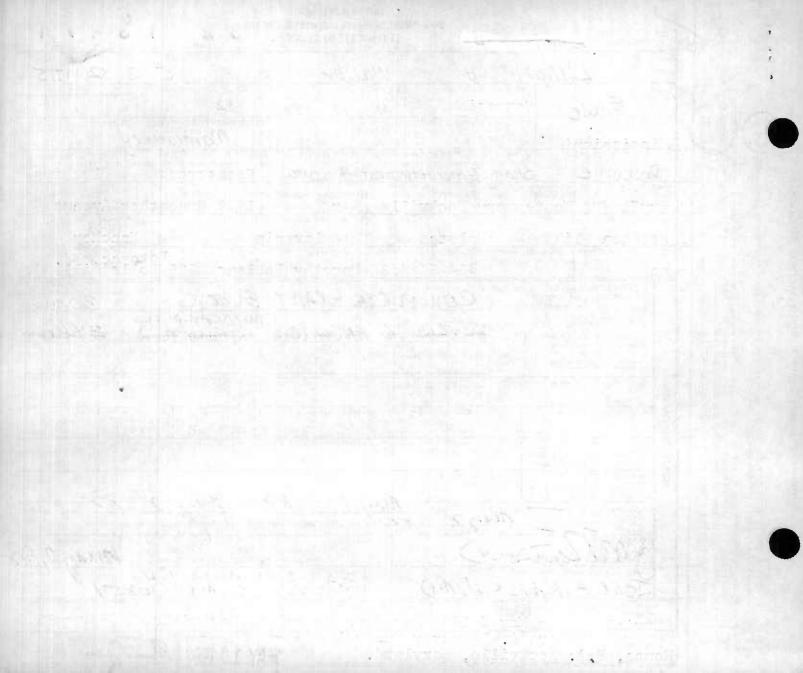
DHMH - 16 50M 1/81 (VRA 15, 4)

BP.



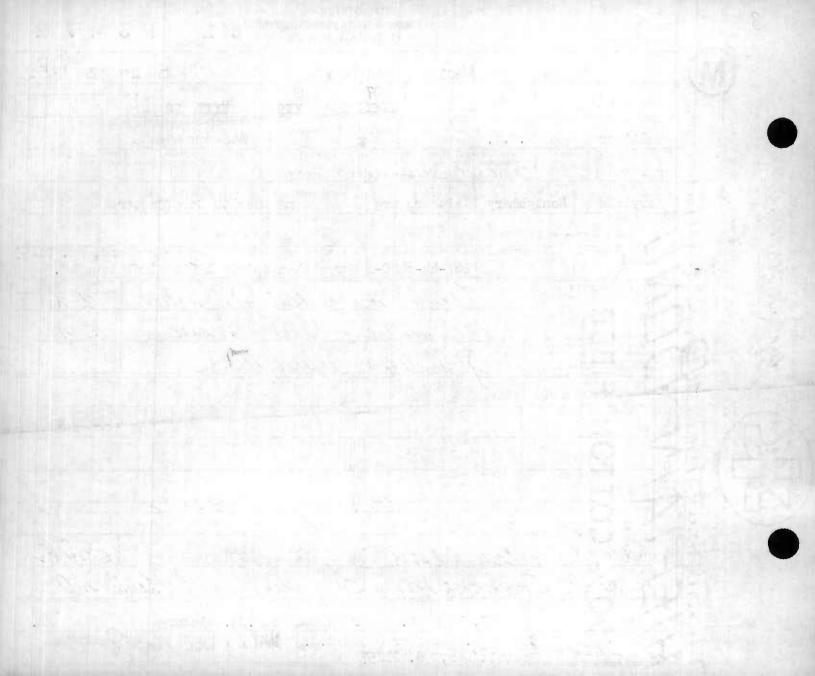
. 6	1	FOR STATE REGISTRAR	DEPART	MENT OF H	EALTH AND MENTAL HYGI	IENE 8 2	1 3	471
3		CEASED NAME * FIRST	WIDDIE	Į.	AST		ONTH DAY	YEAR 26 HOUR
noy be poge 3	(11)	EORPRINT) Lillia	n H	Wo	uller	<	5 2 8	82 1715 M
and the po	3. SE	X	4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRTHI		ER I YEAR IF UNDER 24 HRS
ge 4		Emule.	Caucasian	MONTH 9	17 99	82	YRS	DATS HOURS MIN.
od Carlotte		IRTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9 BALTIMORE CITY OR		ATH
de at	M	ississinni	USA	WIDOWE		Montro	mery	MD
1 11 202		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION		KIND OF BUSINESS OR
S 24 800		Rockville	Shady Grove Adv	entis	t Hospital	Seamstres		Clothing
d be d be	USU 13a.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
tely filled 2 should			gomery Rockvi		YES 🔀 NO	1707 Grue	nther .	Avenue
arthing 4.2 s	14. F.	ATHER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE	THE V	4 A C 7
completely 1 and 2 sh		tephen Olin	Ho1ston		Lavonia	a		cher
n and co		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO.	Dorothy Lel	ADDRES:	Potoma	c Md
be e	no		414 36	4685	Dorothy Lel	Blanc 9305	Bells	Mill Rd.
ysicii aper vol.		18 CAUSE OF DEATH Enter on	ly one cause per line for (o), (b), on D BY:	d (c).)	411010-	01 - 15		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
certificate ing physicir rban paper r remavol.		IMMEDIAT	E CALISE (a)	1100	R HEART	BLOCK		30 min
th ce corb , or r		4100	DUE TO OR AS A CONSEQUE	NCEOF	ANTERIOR'	MYOCARDI	AC	2.00
death ce tottendin nave corb atton, or traumotic		Conditions, if any, which	(b) [EX 76/W]	UE;	ANIBRION	INFARCT	Con	of flows
hat the by the Ose rem I, crems ather t		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF				
that d by leose iol, c		underlying cause last	(c)					
equires in signe Then p rr to bur injury,	NO	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDIT	ION GIVEN IN F	PART IIa
s beer runit.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	Ob. IF YES, WERE	FINDINGS USED CAUSES OF DEATH?
icion. sicion. ste hos nsit per ygiene shows	RTIF					YES NOX	YES 🗌	NO [
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY I	NITEM IS PART I OR	PART 2)
SICIA ng ph certifi riol-ti entol trem l	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	115	19				
A M Pins	MEDICAL	21d. INJURY OCCURRED	218 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	APAN FICA	211 LOCATION	CITY OR TOWN	co	DUNTY STATE
after the strength of the stre	-	AT WORK NOT WHILE AT WORK		n.	1 42	- Max	2 6	2
NDI NS A Leeling			ot) attended the deceased Irom_	Mac	1900	, ta	190	, that (I) (we) tast
ATTE spirts CTO d for i of l		saw the deceased alive an, above, (1) (we) (slid) (def	Twenty 19 19 5	on, or	d that in (my) (per) opinion d	eoth occurred on the dote	ond hour and fi	om the causes stated
OR ochec Dept		はかかん/	A. A		DEGREE		22	C. DATE SIGNED
		Mille Glil			ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	NO V	many 21/982
SSPI SNE She Si STAN		224/PHYSICIAN'S NAME (HIP O			MADDRESS / EIR	8 much	20,	
TO HOSPITAL TO FUNERAL should be det with the Store		JORL AIRA	MSKIN, MU)		POCICVIC	OR IMD	2085	-/
5 5 5 5		BURIAL, CREMATION, REMOVAL	1		EMETERY OR CREMATORY	23d. LOCATION	,,,,,,,	
BP	F	Burial	May 5 1982 Pa					1141) 14114
DHMH - 16 50M 1/B1	24. FI	JNERAL DIRECTOR Rober	t A. Pumphrey	Fune	eral 250. DATE	REC'D. BY REGISTRAR 25	REGISTRAR'S	SIGNATURE
(VRA 15, 4)	Ho	mes, P.A. Ro	ckville, Mary	land.		Y 10 1982	Grane C	Mary 1 32 Barr

STATE OF MARYLAND



PRESTON

OF

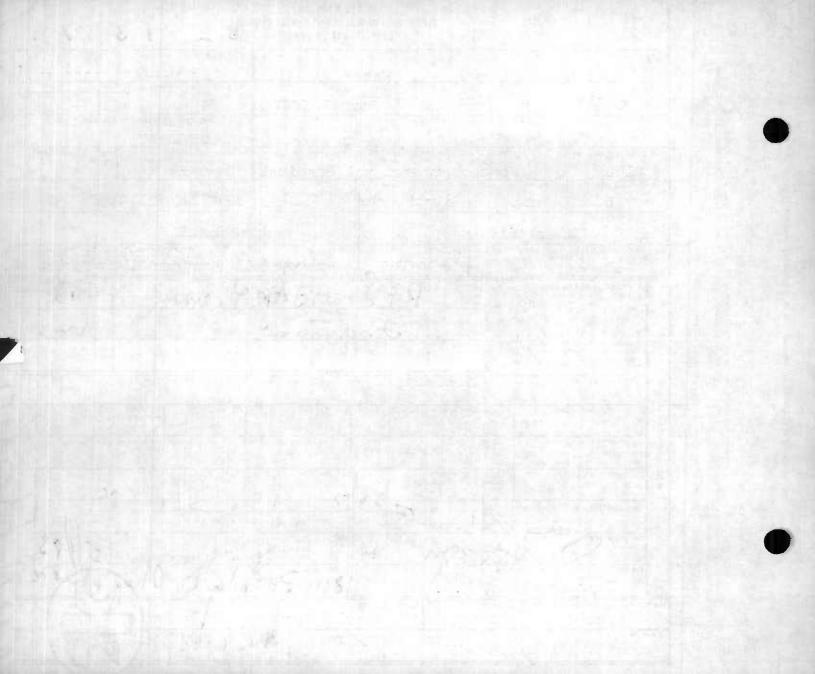


1				STATE OF MARYLAND		60 89
	1 -	FOR STATE REGISTRAR	DE	PARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 2	13473
- 11		CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26 HOUR
- 10	{ TYPE	JEREM!	IAH D	WARREN		5 25 82 12/5m
	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	
		MALE	EALUCA 5		82	YRS DAYS HOURS MIN
19	7a BI	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COU	NTRY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
01	N	ewyork	U.S. O	WIDOWED DIVORCED		omery MD.
.5	5	WER SORING	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV HOLY CROSS	VURSING HOME OR OTHER INSTITUTION E STREET ADDRESS)	(TYPE OF WORK FOR MOST O	WORKING LIFE) INDUSTRY
0	Usu	AL RESIDENCE (IF NURSING HOME OR TATE	OTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)		CATION RAILROAD
结			HOOMERY Silve	R TOWN 13d. INSIDE CITY LIMITS?	136 STREET ADDRESS	ekwood #103
60		THER'S NAME	MIDDLE	15. MOTHER'S MAIDEN NAM	WIDDIE	LAST
0 /	16n V	/AS DECEASED EVER IN U.S. AR		L SECURITY NO. 17 INFORMANT	ADDRE	55
	()	ES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	new / -	1, 4212	HARpens Fenny nd
				31-2865 FAYE WARREN	Birmi	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
,	ij.	18. CAUSE OF DEATH (Enter on PART 1. DEATH WAS CAUSE	DBY.	rebral referet	Ten	BETWEEN ONSET AND DEATH
		1/21/9 IMMEDIAT	E CAUSE (a)	cerrier aparel	ear	10 days
		797/	DUE TO, OR AS A CON	SEOUENCE OF		
		Conditions, if any, which gove rise to immediate	(p)			
		couse (0), stating the underlying cause last	DUE TO, OR AS A CON	ISEOUENCE OF		
	z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELATED TO THE TERMI	1	
21	CERTIFICATION	190 DATE OF OPERATION	2 OCIUC	VHICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FINDINGS USED
04	FIC.	THE DATE OF OVERALION	174. CONDITION ON	WHICH OFERATION WAS FERFORMED		IN CERTIFYING CAUSES OF DEATH?
4	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21¢ HOW INJURY OCCURR	YES NO	YES NO
1		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONT	H DAY YEAR	ED (ENIER NATURE OF INJUR	TINITEM IS PART TORPART 2)
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER		19		
	ME	WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.) 21f LOCATION STREET	CITY OR TO	VN COUNTY STATE
		220 I certify that (althor haspe	tol attended the december	from 5/14/1982	- to	12519 8 2 that 4 (waylost
- 4		sow the occused on the	1/24	ond that in (my) (our opinion d	leoth occurred on the do	te and hour and from the causes stated
		22b. SIGNATUR	the body offer goth.	DEGREE		22c. DATE SIGNED
		19111	Cont long	ATTENDING	MEDICAL STAF	5/25/82
1		224 PHYSICIAMS NAME ITHES	THIND	22e ADDRESS 3		
		17.N. DOG	ENBAUM	120	VSINGTO	SUT AUS.
	23c D	URIAL, CREMATION, REMOVAL	123b. DATE	23c NAME OF CEMETERY OR CREMATORY	123d LOCATION	V, MI 20895
	D.	SPECIFY)	5 -27 -1 982	Glenwood Cemetery	Washingt	on, N/A, D.C. STATE
		IT 1 a I	13 mg 1 m1 702			25b. REGISTRAP'S SIGNATURE
		NAME	Co. 8655 Co.	orgia Ave. Sil. Spg.	IV O A ADDA I	OU. REGISTRALS SIGNATURE
	VV	. W. Chambers	Car nonn . Cler	TETO DAG DITO DAGO		MANUAL VILLE FOR THE

Appendix to the second of the 到 10年的基本 Tax of Party (1997年) 10年 日本 (1997年 Share spaces they have been a supplied to the state of th mayber memory shire sport to a to the same till Consideration of the first and a second The Marine a College and the second and the second to the fall of the Logical to a series of the first terms of the series of th

/	1	FOR	Drn a Draw	STATE OF MARYLAND	· ·	
	1	- STATE REGISTRAR	DEPARIN	CERTIFICATE OF DEATH	3 2 REG. NO.	3 4 7 4
m.c	I DI	ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOURA M
poge 3		Mary		Watts	May	1, 1982 11.45
E d'a	3 51	EX	4 RACE Black	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
900		Female		June 27, 1887		RS.
		BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	
dea dea	110.6	Md.	U.S.A.	WIDOWEDXX DIVORCED G HOME OR OTHER INSTITUTION	MONTGOMERY	MD.
of the led will led will	7	Olney	(IF NOT IN SUCH FACILITY, GIVE STREET		(TYPE OF WORK FOR MOST OF WORKH	
haurs be tr	USU		OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)		
in 24 ly filleo should	2	Md. Mn	tg. Silver S	Spring YES NO NO	13°16902 Oak Hil	L1 Road
completely l and 2 sh	14 F	FIRST Richard	HILL LAST		ie Mitchell	LAST
n and co		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU 218-30-33	307 Jean Marsh	2128 Ha all (Daughter) S	arlequin Terrace Silver Spring, Md
g physicio on popers removal.			ly one couse per line for (o), (c) no D BY: E CAUSE (o)	+ Lougithe	grammy ?	AF ROXIMATE INTERVAL SET WEEN ONLY AND DEATH
tendin trendin ve corb ion, or i	H	2639 Conditions, if any, which	DUE TO, OR AS A CONSEQUE	Franken		(m)
hat the d by the a ase remo ol, cremat		gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	NCE OF		
equires to signed. Then ple to burio injury, or	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO D	<u>DEATH</u> BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION	GIVEN IN PART 1(0
The law recian. te has been sit permit. giene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
phys phys phys phys m 18 m 18	AL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH DA		RED (ENTER NATURE OF INJURY IN ITEM	A 18, PART 1 OR PART 2)
G PHYSIC ottending er this cer the buria and Ment	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, F.	211 LOCATION	CITY OR TOWN	COUNTY STATE
or or se os		220.1 certify that (1) (this haspi	tal) attended the deceased from	53.65		
TTEN potal TOR for u		sow the deceased alive on	view the Bady after death.	and that in (my) (our) opinion	death occurred on the date and	hour and from the couses stated
the hosel of the h		22b. SIGNA ORE	northe	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DAVE SCALED
HOSPITAL ned by the FUNERAL sld be det or the State ORTANT:		22d PHYSICIAN'S NAME (THE	RPRINT)	22e ADDRESS	16 25 1	1500
TO FUNERAL should be de with the State		Charles L		18M 129	My Dr John	way my ense
	230.	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d. LOCATION	ng, Montg. Ma.
BP	24	Burial FUNERAL DIRECTOR		h Memorial Cemeter		GISTRAR'S SIGNATURE
OHMH - 16 60M 1/75 (VR A 15 (4))		Seorge R. Snowde	246 N. Washin n Rockville, Md	gton Street 20850	6 1982 274	The state of the s

В DHMH -



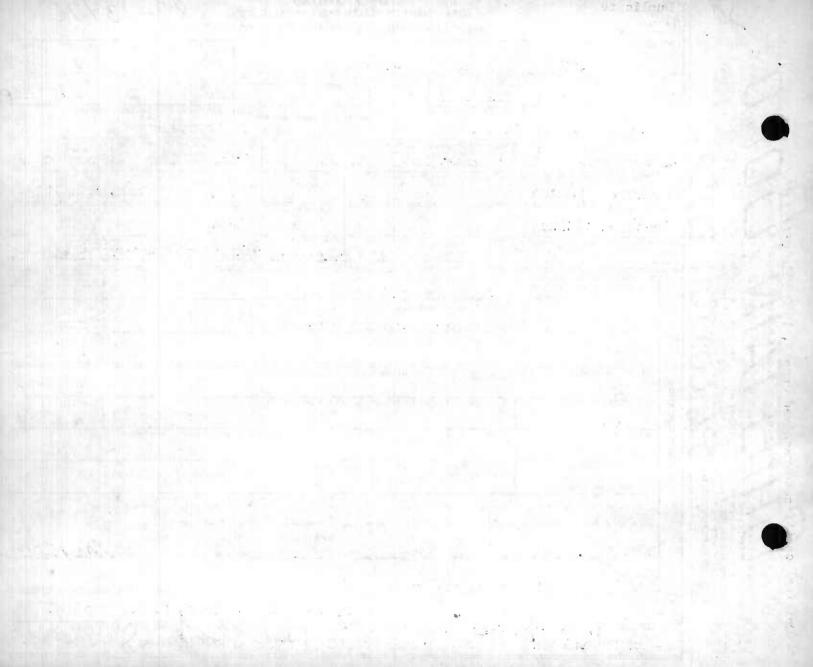
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG. NO REGISTRAR DECEASED NAME 20. DATE OF DEATH (TYRE OR RINE) May Weatherall 15 Doris 3. SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR MONTH Female White 1913 June TO. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED U.S.A. Texas 90 mcky WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 75 KIND OF BUSINESS OF Bethesda Homemaker At Home COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 3558 Boxdale Street Shelby Memphis Tennessee 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Lillian Curry Sidney Dunaway 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS. LYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 412-76-7386 H.C. Stroupe, 8102 Whittier Blvd., Beth., Md. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0 emone gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 190 DATE OF OPERATION 200 AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT NO F Hygi 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 0 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION Pe (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an and that in (my) (our) opinion death accurred an the date and have and from the causes stated above, (1) (wet (did) (did not) view the body after death DEGREE 220 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [MPORT W. CEDAR LN BETHESDA 230 BURIAL, CREMATION, REMOVAL 73c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial/Transit 5/16/82 Fore 4 FUNERAL DIRECTOR JOSEPH Gawler's Sons, Inc. Memphis, Tennessee Forest Hill Cemetery

5130 Wisconsin Ave., NW, Washington, D.C. 20016

DHMH - 16 50M 1/B1 (VRA 15, 4)

f.[artiline] Eight & new expected anothy perpois Spinory Version - or Haz-W-7566 U H.C. Charte, Now William Sivi., Tell., Consider the same of the same Metal/ r anit 5/11/62 Perunt 512 onwiser hemphis, Tennement of the constant was, II, was a trace of the

D	uplicate	DEPAR		MARTLAND H AND MENTAL H	VOIENE 01	-1347	7/
	STATE REGISTRAR			CERTIFICATE O	(10	NO.	6
	CEASED NAME FIRST	MIDDLE		LAST	20. DATE KNOWN	MONTH DAY	YEAR 25. HOUR
()	Effie	Mae	Weaver		OF ESTI- DEATH MATED	x May 24, 8	8:007
3 SE	X 4. RACE	S DATE OF BIRTH	6. AGE (IN YEARS IF U		24 HRS. 2c. DATE MIN PRONOUNCED.	MONTH DAY	YEAR 26. HOUR
	male Black	April 25,22	60 YRS.	DATS MOOKS	DE AD Ma		32 1:15
F	SIRTHPLACE (STATE OR OREIGN COUNTRY)	76. CITIZEN OF WHAT COU	INTRY?	RIED NEVER MARRIE	DU	Y OR COUNTY OF DEA	TH
	shington, D. C.	U.S.A.	WIDO'			•	MD.
Si	lver Spring	11. NAME OF HOSPITAL, N 2305 Greenery	Lane, Apt.		120 USUAL OCCUPATION FOR MOST OF WORKING , IFE) Admin. Office	er State	e Dept.
13a	AL RESIDENCE (IF IN NURSING HOME OF STATE 136 COUN Monto	or other institution, give residently Sill	ry or town ver Spring	13d. INSIDE CITY LIMITS?	2305 Greenery	Lane, Apt	. 202
Mile	ATHER'S NAME Senton E. Clifto	MIDDLE	LAST	Emma M.	MIDDLE	1AST	
1	WAS DECEASED EVER IN U.S. ARA (1E YES, GIVE	WAR OR DATES)	-22-1153	Cecelia E.	lver Spring Roots, daughte	Md. 20910 er, 2209 Mai	rk Court,
	18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED	634				APPRC BETWEEN	XIMATE INTERVAL NONSET AND DEATH
	IMMEDIAT	E CAUSE (a) Acute m		lisease			
	Conditions, if any, which	DUE TO, OR AS A CO					
	gove rise to immediate cause (a) stating the under-	(- / -	myocardial	disease		Yeau	cs
-	lying cause last.	DUE TO, OR AS A CO	INSEQUENCE OF				
	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEA	SE OD CONDITION CIVEN IN DAD	T l (a)		
Z	None		The familiar distance	SC OR CONDITION OF THE IN TAK	11 (0).		
ATI	190. DATE OF OPERATION	196 CONDITION FOI	R WHICH OPERATION V	WAS PERFORMED?		20. AUT	OPSY?
TIFIC	None					YES	O NO X
CER	210 EXTERNAL CAUSE WAS	11b. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR 21c. H	OW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEA		
CAL	UNDERLYING OR CONTRIBUTING CAUSE OF E		19				
MEDICAL CERTIFICATION	216. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJUR STREET, FACTORY, FARM		OCATION STREET	CITY OR TOWN	COUNTY	STATE
	22a. I certify that I took charg	e of the remains described ob	pove, held an Auto	psy . Inspection	Inquiry .	and in my apinian	12 - 1
		al causes 🔀 , Acciden		, Hamicide	Undetermined manner],	
	1	200		TITLE (SPECIFY)			
	SIGNATURE	1	Pere!	no Deputy	MEDICAL EXAMINER	SIGNED TITE	4251981
	EXAMINER S NAME (TYPE OF PRINT) JC	hn L. Rogers,	M D				
220	URIAL, CREMATION, REMOVAL 2		NAME OF CEMETERY	ADDRESS	123d. LOCATION		
	SPECIFY)		Lincoln Mer		Suitland, P	. G., Maryl	and ATE
24. [UNERAL DIRECTOR	44 /11/	orgia Ave.		EC'D. BY REGISTRAR 250. R	EGISTI AR'S SIGNATURE	9 .
MC	Guire Funeral Se	rvice, Inc.,	Washington	DC JUN	3 1982 Jase	cas franta	then



	,	FOR STATE			E OF MARYLAND IEALTH AND MENTAL HYGIEN	E o o 1	3477
		REGISTRAR CEASED NAME FIRST	MIDOIM		FICATE OF DEATH	REG. NO.	
		OR PRINTI	Ne H	10	leph	MAY 1	1982 1 A
1	3. SEX	F	1 RACE W	5. DATE	OF BIRTH OAY YEAR 30	AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS
199	(RTHPLACE (STATE DE LONGICAL OUNTRY)	76. CITIZEN OF WHA	T COUNTRY? 8 MARRIE		BALTIMORE CITY OR COU	
/Fied of		NEW YORK	11. NAME OF HOSP	LITY, GIVE STREET AODRESS)	OR OTHER INSTITUTION 12	USUAL OCCUPATION YPE OF WORK FOR MOST OF WORKIN	METCH COUNTY 126 KIND OF BUSINESS INDUSTRY
600	UsU			ESIDENCE BEFORE ADMISSION)	Hospital	HOUSEWIFE	
55	MA			ILVER SPRIN	YES 🕅 NO 🗌	STREET ADDRESS 10200 JULEP	COURT
a de la composition della comp		WILLIAM	OD3	HOAR	ADRIAN	MOONE	CAHILL
medica	14.000	AS DECEASED EVER IN U.S. AS	WE WAR ON DATES	22-48-2611	JAMES H. WEBI	B A SAME AS	_13 HUSBAND
njury, ar ath	NC	PART 2 OTHER SIGNIFICANT	(8)	A CONSEQUENCE OF	NOT RELATED TO THE TERMINA	L DISEASE OR CONDITION	GIVEN IN PART Via
ws ony it	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	200. AUTOPSY 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATHS
200		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		URY MONTH DAY YEAR	21c HOW INJURY OCCURRE	(Elvita sertina Os certinas de Igles	YES NO
-LA			510	19			
- /	DICA	(IF EITHER NOTIFY MEDICAL EXAMINE	21e PLACE OF IN		211 LOCATION		
or Hem	MEDICAL		21e PLACE OF IN	JURY CTORY, OFFICE FARM, EIL.	TH LOCATION	cm ox town	COUNTY STAT
F /	MEDICA	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a certify that (I) (this hasp sow the deceased alive or	21e PLACE OF IN LAT HOME, STREET, FA	eased from	19.82	10 4/3 5/	19. 82 . Pat (l) (we
Item 21 is marked ar Item	MEDICA	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a certify that (I) (this hasp	21e PLACE OF IN LAT HOME, STREET, FA	eased from	19	th accurred an the dote and	19. 82 . Pat (l) (we
If Item 21 is marked	MEDICA	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a certify that (I) (this hasp sow the deceased alive or	21e PLACE OF IN LAT HOME, STREET, FA	eased from	19	10 4/3 5/	19. 82 mat (I) (we hour and from the causes state
If Item 21 is marked ar Item	MEDICA	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a certify that (I) (this hasp sow the deceased alive or	21e PLACE OF IN IAT HOME, STREET, FA	eased from	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	th accurred an the dote and	19. 82 mat (I) (we hour and from the causes state
Item 21 is marked ar Item	23a B	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a certify that (I) (this hasp sow the deceased alive or	21e PLACE OF IN IAT HOME, STREET, FA	eased from 19 8 peath.	DEGREE ATTENDING PHYSICIAN 22e ADDRESS EMETERY OR CREMATORY	th accurred an the dote and AEDICAL STAFF IRECTOR PHYSICIAN	19. 82 mat (I) (we hour and from the causes state

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

I Tapitamate man how The appropr - the detection of the little of the TELEFY F. ST PENER GALE WILL CHISTOPHE BEN MY WAS SOME SAME SAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR . DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-OF 19 82 5 DEATH MATED JAMES Angus WEBBER 4. RACE 5. DATE OF BIRTH AGE (IN YEARS 2d HOUR IF UNDER 24 HRS DATE FUNERAL DIREC 5 FOR YOUR 5, WITHIN 72 H MONTH LAST BIRTHDAY PRONOUNCED 1963 19 YRS 1982 White DEAD Male To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Montgomery County Maryland USA WIDOWED DIVORCED WITH FORM PM 3. RETAIN PAGE 51.

PAGES PAND 2 SHOULD BE FILED, M. DINISION OF WALL REGORDS— 3 10. CITY OR TOWN OF DEATH 178 USUAL OCCUPATION (TYPE OF WORK II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Potomac Potomac River Tree surgeon JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Montgomery Rockville 1021 Gilbert Road Maryland 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE William Webber H. Topping Margaret Anne 7 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS DIVISION (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES 215-92-3847 Wm. H. Webber samd as 13e no APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PERMIT. PART I DEATH WAS CAUSED BY: ALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL. Drowning IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. HEALTH CERTIFICATION USED AS 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES K NOF 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR X.M. MONTH DAY UNDERLYING OR MEDICAL Drowned while swimming 3:40°M 5-3-19 82 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 71L LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK Potomac River Md water Montgomery Autopsy X 22a I certify that I took charge of the remains described above, held an Inspection Accident X Undetermined monner death resulted fram: Suicide Homicide ACTUAL Assistant MEDICAL EXAMINER 5-10-82 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn St., Balto., Md. 21201 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE (SPECIFY) Cremation Alexandria, Virginia Metropolitan Crematory BP 24 FUNERAL DIRECTOR TYSON Wheeler Funeral Home, Inc \$50. Date REC'D. BY REGISTRAR 7256, REGISTRA 755 GNATURE **DHMH-17** "1331 Rockville Pike Rockville, Maryland (VR A15 ME (5)) 15M 2/80

NAME 5130 Wisc. Ave. N.W. Wash., D.C.

DHMH - 16 50M 1/81 (VRA 15, 4)

MARYLAND 21201

The state of the s The state of the s The transfer of the territory of the ter BEES I I WAS COUNTY IN SHEET · set of not some S very 100 2:802 Trans Jan Janton

16+	1	1	FOR STATE REGISTRAR			DEPARTA	NENT OF H	OF MARYLEALTH AND	MENTAL HYG	C) fine	1	3 4	8 0
			CEASED NAME	FIRST		MIDDLE	l	AST		REG. N		DAY YEAR	2b. HOUR
9 £ £		{14P	E OR PRINT)	VID	LE	E	WHI	LCHEL		MAY	29,	1982	4:35PM _M
ou do		3 SE	Х		4 RACE		5. DATE C	F BIRTH		6 AGE (IN YEARS LAST B		IF UNDER 1 YEA	
2 ag 5 4			MALE		CAUCAS	IAN	AUG.	07	1905	76	YRS	MONTHS DATS	HOURS MIN.
236	517	7a. B	IRTHPLACE (STATE OF FO	PREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER /	A A BRIED T	9 BALTIMORE CITY		TY OF DEATH	
CENTAGE.	4		WASHINGTON I		USA		WIDOWE		VORCED [MONTGOMERY	COUN	TY	MD.
	27		ITY OR TOWN OF DEAT	TH .	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY GIVE STREET / AL NAVAL	DDRESS)			12a USUAL OCCUPAT (TYPE OF WORK FOR MOST RETTRED	TION OF WORKING	LIFE) INDUSTR	OF BUSINESS OR
n 24 hou filled in hould be	BE	13a	AL RESIDENCE (IF MURSIN STATE JARYLAND	3b. COUN		GIVE RESIDENCE BEFORE 134 CITY OR TOWN BETHES	V	YES X	ITY LIMITS?	13. SIREET ADDRESS 6221 MASSA	CHUSE	ETTES AV	Æ.
plenely nd 2 st	11	14 F	ATHER'S NAME		MIDDLE	LAST	WE.	15. MOTHER	S MAIDEN NA		The state of	4	
1 10	150	i	JASPER	ESTE		WHELCH	EL	MAR	IA	LOUISA		LON	GSTREET
be rated on and co	e medicol		WAS DECEASED EVER IN YES NO OR UNKNOWN) ÆS		MED FORCES? WAR OR DATES) 1960	224-52-		MRS .		ADDR T WHELCHEL		MASSAC	BETHESDA,
that the dooth certificate by the collection physics collection physic	r other traumatic event, t		18 CAUSE OF DEATH PART I. DEATH WA 1539 Conditions, if ony, gave rise to imme cause (a), stating underlying cause	MMEDIAT which ediate the	D BY: E CAUSE (o) DUE TO, OF		NCE OF	IA, MET	ASTATIC	C TO BRAIN		APPRO BETWEEP	XIMATE INTERVAL 4 ONSET AND DEATH
requires in the sear signed in the buric	injury, or	NOIL	PART 2 OTHER SIGNI	FICANTO		ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	IDITION G	IVEN IN PART 1	(a
he low on. hos be	shows ony	CERTIFICATION	190 DATE OF OPERATION	ON	196 CONDI	TION FOR WHICH	OPERATION	WAS PERFO	RMED	20a AUTOPSY? YES NO	IN CERT	ES, WERE FIND IFYING CAUSE YES [
SICIAN: T 19 physici cerrificate riol-transif entol Hygi	Item 18 s		21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEAT	The second second	M. MONTH DA	Y YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJU	JRY IN ITEM T8	PART I OR PART 2)	
offending of the this of the but we had a wear the but when the but we had we had we were the but we had we were the but we well we were the but we were the but we were the but we were the b	morked or 1	MEDICAL	ZId INJURY OCCURRE		21e PLACE (OF INJURY EET, FACTORY, OFFICE, FA	RM ETC 1	21f. LOCATIO	N	CITY OR TO	OWN	COUNTY	STAIE
HOSPITAL OR ATTENDIN ined by the hospital or FUNERAL DIRECTOR: At world be detached for use	NNT: If frem 21 is		22a. I certify that No. 1 sow the deceased above, Th. (we) (did 22b. SIGNATURE 22d. PHYSICIAN'S NAM	alive and (distant	_29 MAY	deceosed from Latter death.	82 , an	EGREE A	TTENDING PHYSICIAN	to 29 MAY death accurred on the d MEDICAL STA DIRECTOR PHYSIC	late and ha	22c DATE	that W (we) last e causes stated E SIGNED
TO HOSP retained TO FUNE should by	IMPOR	23a E	KENNETH I		23b. DATE	23 ₆ N		METERY OR C	REMATORY	7AL MEDICAL			THESDA, MI
BP			Burial	OSAN	6/3/82		Lingto	on Nat	1. Cem				STATE
DHMH - 16 50M 1 (VRA 15, 4)	/B1		INERAL DIRECTOR J NAME 5130 W VLERS FUNER		Ave. N.	Wiscons Wiscons	D.C.	Æ.	250. DATE	JUN 3 198	0	ance Q	Marth

0 8 100 1 3 0 CHEPAR IL Sylves Jates on Mart. on. Tellingon, Was

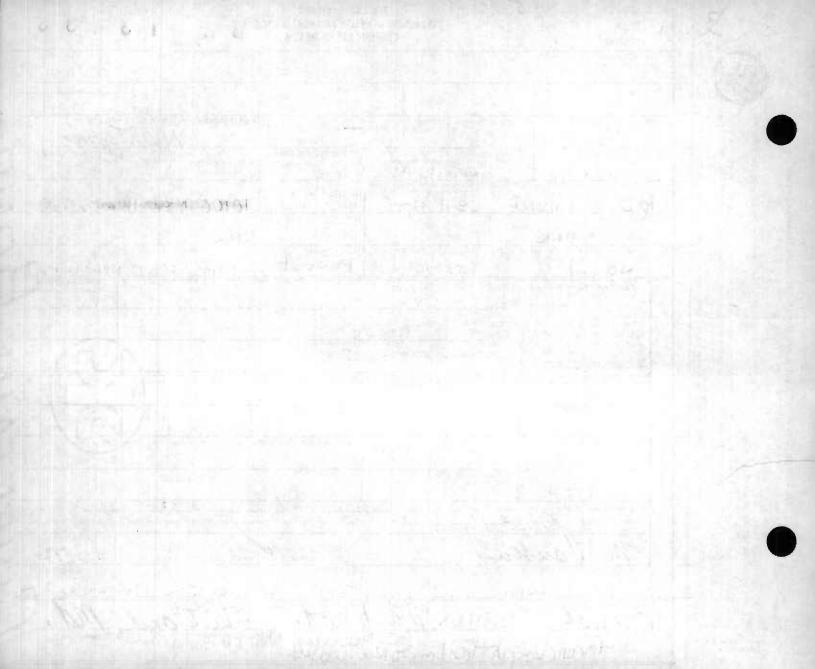
437 -212/3 THE RESULT OF THE RESULT OF well a second depart to make the first of

-					REG. NO.		
I. DE							26 HOUR 4:50 pm
3 SE	Х	4 RACE					
	Female	White	July	15, 1892	89	YRS MONTHS DAYS	HOURS MIN.
7a. B	IRTHPLACE (STATE OR FOREIGN		OUNTRY? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
			WIDOWE	DIVORCED	Montgom	nery	MD
		(IF NOT IN SUCH FACILITY.	GIVE STREET ADDRESS)				OF BUSINESS OR
		Subur	ban Hosp	ital	Housewi	fe -	
13a	STATE 136 CC	OUNTY 13c CIT	y OR TOWN 1. Sprin	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	Cemp Mill	Road
14 F.	ATHER'S NAME	MIDDLE	LAST		ME		
	Elihu H		lamed	Frumma	WIDDLE	Ster	le
		CHIE WAR OR DATES.		17 INFORMANT	ADDRES	9507 Aven	el Road
	No -	216	-88-4462	David J. W	illiamowsk	y; Sil. S	pg., Mo
	18 CAUSE OF DEATH (Enter	only one couse per line for	(o), (b), ond (c),				ONSET AND DEATH
			dio-Pulm	onary Arres	t	Sud	lden
	4149						
	Conditions, if ony, which	(cor	onary Ar	tery Diseas	e		
	couse (o), stoting the	DUE TO, OR AS A C	ONSEQUENCE OF				
		(c)					
Z	PART 2 OTHER SIGNIFICAN	roctivo Hoa	rt Failu	NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN PART 1	01
ATIO	19a DATE OF OPERATION				70n AUTOPSY?	206 IF YES WERE FINDE	NGS LISED
TIFIC						IN CERTIFYING CAUSES	
GE				21c HOW INJURY OCCUR			1,0
		DEATH					
EDIC	214 INJURY OCCURRED	21e. PLACE OF INJUI	RY	21f LOCATION	CITY OF TOWN	N COUNTY	STATE
×	WHILE NOT WHILE AT WORK	(ALPOME SIREEL, FACTO	RT, OFFICE, FARM, ETC.)	101 00	Citrox low		STATE
		E / 1 /	ed from 4	721 <u>19</u> 82	5/1	./ 19.82	that (I) (we) lost
	obove, (l) (we) (did) (did	yot view the bady after det	19 8Z or	d that in (my) (our) opinion	deoth occurred on the dote	e ond hour and from the	couses stoted
	226. SIGNATURE	Thank					SIGNED
	(X)-	/ Cery	MM.		MEDICAL STAFF. DIRECTOR PHYSICIA	N□ 5-1	-82
	0.000	Committee of the Commit		22e ADDRESS			
	D. D.	PATEL, M.D	•	6121 Mont	rose Road;	Rockvill	e, Md.
	CRECIENT				23d LOCATION	COUNTY	STATE
	Burial	5-2-82	Beth S	holom Cemet	er Capitol		Md.
D-	INERAL DIRECTOR	Ol- 3	ADDRESS ROC	wille Pike	RECO. BY REGISTRAR 25	Ib. RESISTRAR'S SIGNAL	Marin
De	urzausky-GOIOD	erg Chapels;	Kockville	Md.	71 0 1304	1 11000	
	3. SE 70. B 10. C	RACHA 3. SEX Female 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY). Lithuania 10. CITY OR TOWN OF DEATH Bethesda USUAL RESIDENCE (IF NURSING HOM) 138 STATE BISS TATE LISH 180 WAS DECEASED EVER IN U.S. (YES NOOR UNKNOWN) 18 CAUSE OF DEATH IENTER PART I. DEATH WAS CAL IMMED 190 DATE OF OPERATION PART 2 OTHER SIGNIFICAN Cong 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTHER CALE XAM) 210 INJURY OCCURRED WHILE ALT WORK AT WORK 210 I Certify that (I) (this has sow the deceased alive obove, (I) (we) (did) (did) 220. PHYSICIAN'S MAME 221. SIGNATURE 222. PHYSICIAN'S MAME 223. BURIAL, CREMATION, REMOV BURIAL 24 FUNERAL DIRECTOR	NACHAMA 3 SEX Female Female White 7a. BIRTHPLACE (SLATE OR FOREION COUNTRY). Lithuania USA 10. CITY OR TOWN OF DEATH Bethesda USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) GIVE RESILITATE 13a. STATE Maryland Montgomery Si 14 FATHER'S NAME FIRST Flihu Benjamin Me 16a WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) NO 18 CAUSE OF DEATH EINTER ONLY ONE COUNTRIBLE (IF VES. CINE WAR OR DATES) Conditions, if ony, which gove rise to immediate couse (of), storing the underlying couse lost Congestive Hea 19a. DATE OF OPERATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS (IF VES. CINE WAR OR DATES) CONGESTIVE HEA 19a. DATE OF OPERATION 19b. CONDITION FOR AS A COUNTRIBUTION (IF COUNTRIBUTIONS) 21d. ACCIDENT WAS UNDERLYING (IF VES. CINE WAR OR DATES) CONGESTIVE HEA 19a. DATE OF OPERATION 19b. CONDITION FOR AS A COUNTRIBUTION (IF COUNTRIBUTIONS) 21d. ACCIDENT WAS UNDERLYING (IF VES. CINE WAR OR DATES) 21d. ACCIDENT WAS UNDERLYING (IF VES. CINE WAR OR DATES) 21d. ACCIDENT WAS UNDERLYING (IF VES. CINE WAR OR DATES) CONGESTIVE HEA 21d. INJURY OCCURRED WHILE ALWORK ALWANDER (IF VES. CINE WAR OR DATES) 21d. ACCIDENT WAS UNDERLYING (IF VES. CINE WAR OR DATES, ACCIDENT WAS UNDERLYING (IF VES. CINE WAR OR DATES, ACCIDENT WAS UNDERLYING (IF VES. CINE WAR OR DATES, ACCIDENT WAS UNDERLYING (IF VES. CINE WAR OR DATES, ACCIDENT WAS UNDERLYING (IF VES. CINE WAR OR DATES, ACCIDENT WAS UNDERLYING (IF VES. CINE WAR OR DATES, ACCIDENT WAS UNDERLYING (IF VES. CINE WAR OR DATES, ACCIDENT WAS UNDERLYING (IF VES. CINE WAR OR DATES, ACCIDENT WAS UNDERLYING (IF VES. CINE WAR OR DATES, ACCIDENT WAS UNDERLYING (IF VES. CINE WAR OR DATES, ACCIDENT WAS UNDERLYING (IF VES. CINE WAR OR DATES, ACCIDENT WAS UNDERLYING (IF VES. CINE WAR OR DATES, ACCIDENT WAS UNDERLYING (IF VES. CINE WAR OR DATES, ACCIDENT WAS UNDERLYING (IF NOT WAS	NACHAMA NACHAMA NACHAMA NACHAMA WILL NACHAMA NACHAMA WILL SEX Female White July No. BIRTHPLACE (ISTATE OR FOREIGN COUNTRY) Lithuania ID. CITY OR TOWN OF DEATH Bethesda DEUJAL RESIDENCE (IF NURBING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDRESS) SUBURDAN HOSP WILL NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDRESS SUBURDAN HOSP WILL STATE ID. CITY OR TOWN OF DEATH Bethesda DEUJAL RESIDENCE (IF NURBING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDRESS) WILL NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDRESS SUBURDAN HOSP WILL NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDRESS SUBURDAN HOSP WILL STATE ID. SEX MACHAMA ID. CITY OR TOWN OF DEATH ID. COUNTY MATYLAND MONTSOMP IN SUCH FACILITY, GIVE STREET ADDRESS. WILL SUBURDAL RESIDENCE (IF NURBING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDRESS) WILL NOTE OF THE SIGNIFICANT CONDITIONS ON THE DEATH BUT OR CONTRIBUTING COURSE (I), STOTING THE UNDERTY HOUR AM. MONTH DAY YEAR PART I. DEATH BUT OR COURSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF LITHER NOTE WAS UNDERLYING COURSED OF COURSE OF	NACHAMA NACHAMA WILLIAMOWSKY	Deceased Name	DECEASED NAME

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

#1,FilmG567 5/17/82 kam

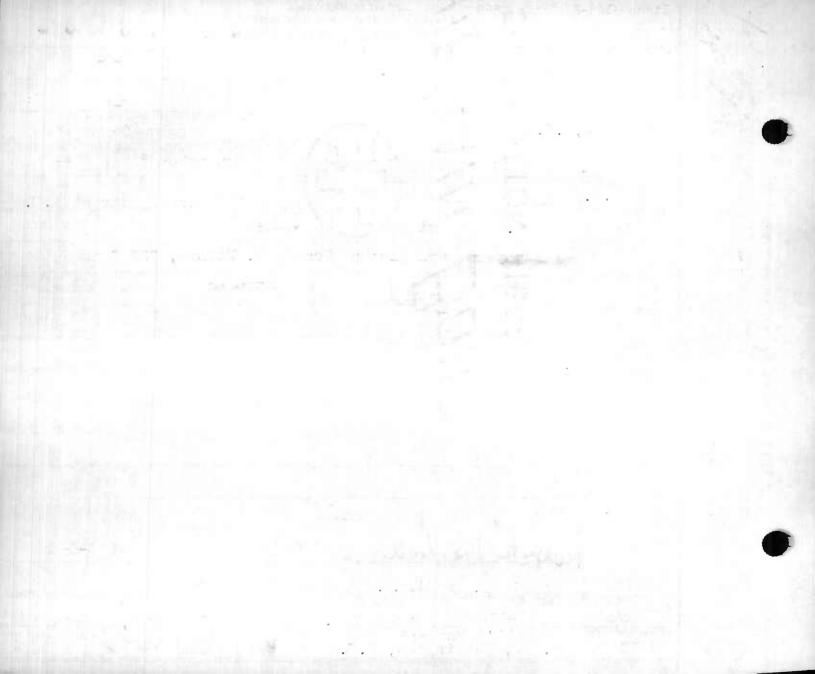
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING-HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 126 U	REGISTAR REGIST	1. DE (17P) 3. SE 70. B 10. C 11. C	STATE REGISTRAR ECEASED NAME FROM PRINT) BIRTHPLACE (STATE OR FOREIGN COUNTRY) S. Cayolina CITY OR TOWN OF DEATH Wheafor DIAL RESIDENCE (IF NURSING HOME STATE TIBLE TABLE BIRTHPLACE (STATE OR FOREIGN COUNTRY) S. Cayolina THER'S NAME FIRST UNK	MIDDLE A RACE A RACE The CITIZEN OF WHAT COUNTING The Counting of the Coun	S. DATE OF BIRTH MONTH DAY SY? 8. MARRIED NEVER MAI WIDOWED DIVO SING HOME OR OTHER INSTITUTE REET ADDRESSI OWN 13d. INSIDE CITY YES N	ATH 20 DATE OF DEA VEAR VEAR PRIED 9 BALTIMORE C (TYPE OF WORK FOR.) LIMITS? 130 STREET ADDI	AST BIRTHDAY) AST BIRTHDAY) FRESS	B 2 EUNDER 1 YEAR 18 SINTHS DAYS H DEFOEATH GCNIGO 126 KIND OF B INDUSTRY	FUNDER 24 HRS. HOURS MIN. ME BUSINESS OR
SEX FRACE S. DATE OF BIRTH S. AGE (INTERS INS) BRITHOAT) THAT S. AGE (INTERS INS) BRITHOAT THAT S. AGE (INTERS INS) BRITHAAL THAT T	3 SEX RACE S. DATE OF BIRTH DAY TEAT S. DATE OF BIRTH DAY TEAT DAY	3 SE 70. B 70. B 10 C 130. 14. F/	FERRINT) SEX F SIRTHPLACE (STATE OR FOREIGN COUNTRY) S. Carolina CITY OR TOWN OF DEATH Wheaton JAL RESIDENCE (# NURSING HOME STATE TABLE ATHER'S NAME FIRST UNK	THE A RACE TO CITIZEN OF WHAT COUNTING THE NOTING OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE ST UNITY OR OTHER INSTITUTION, GIVE RESIDENCE BE UNITY MIDDLE LAST	S. DATE OF BIRTH MONTH DAY ST MARRIED NEVER MAI WIDOWED DIVO SING HOME OR OTHER INSTITU EVET ADDRESSI FORE ADMISSION WIND NEVER DIVO WIND NEVER DIVO TORRE ADMISSION WIND NEVER DIVO WIND NEVER DIVO TORRE ADMISSION WIND NEVER DIVO WIND NEVER DIVO WIND NEVER DIVO ST TORRE ADMISSION WES NEVER DIVO WIND NEVER DIVO WES NEVER DIVO NEVER DIVO TORRE ADMISSION WES NEVER DIVO WES NEVER DIVO TORRE ADMISSION WES NEVER DIVO TORRE ADMISSION WES NEVER DIVO WES NEVER DIVO TORRE ADMISSION T	S 6. AGE (IN YEARS LEED) 9 BALTIMORE C (TYPE OF WORK FOR.) LIMITS? 13e STREET ADDI	AST BIRTHDAY) 73 YRS. ITY OR COUNTY OF WORKING LIFE) WESS	B 2 EUNDER 1 YEAR 18 SINTHS DAYS H DEFOEATH GCNIGO 126 KIND OF B INDUSTRY	FUNDER 24 HRS. HOURS MIN. ME BUSINESS OR
SEX RACE SOATE OF BRITT VIAS SOATE VIAS SOATE VIAS	3. SEX 4. RACE 5. DATE OF BIRTH MARKED THE STATE OF SIGNAT OF STATE OF BIRTH COUNTY 7. BIRTHPLACE (STATE OF STATE OF	70. B 10. C 10. C 13a. 14. F/	F BIRTHPLACE (STATE OR FOREIGN COUNTRY) 5. Cayolina CITY OR TOWN OF DEATH Wheaton DAL RESIDENCE (IF NURSING HOME STATE TISB. CO MD. ATHER'S NAME FIRST UNK	76 CITIZEN OF WHAT COUNTI US 11. NAME OF HOSPITAL, NUE (IF NOT IN SUCH FACILITY, GIVE ST UNITY OR OTHER INSTITUTION GIVE RESIDENCE BE UNITY 13. CITY, OR T. MIDDLE LAST	S. DATE OF BIRTH MONTH DAY S. S. WIPOWED DIVO SING HOME OR OTHER INSTITUTE RET ADDRESS ORE ADMISSION OWN 13d. INSIDE CITY YES IN	6. AGE (IN YEARS LEED AGE) 9. BALTIMORE C RCED 1 ITION 120 USUAL OCC (TYPE OF WORK FOR.) LIMITS? 130 STREET ADDI	YRS. ITY OR COUNTY C UPATION MOST OF WORKING LIFE)	DEPOEATH CONIGO LIZA KIND OF B INDUSTRY	FUNDER 24 HRS HOURS MIN. ME ME ME ME ME ME ME ME ME M
The Birthfurce State defortion The Critizen of What Country Married The Birthfurce The State of Post The Country of State The State of Post The Country of State The State of Post The Country of State The Country of The Country of The Country of State The Country of The Country o	The BIRTHPLACE (STATE OFFORTION TO COUNTRY) TO COUNTRY MARRED MARRED TO COUNTRY MARRED MARRED TO COUNTRY MARRED	10. C	S. Carolina ITY OR TOWN OF DEATH Wheaton VAL RESIDENCE (# NURSING HOME STATE TATE ATHER'S NAME FIRST UNK	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GREST OR OTHER INSTITUTION, GIVE RESIDENCE BE UNITY 13. CITY, OR T.	MARRIED NEVER MAI WIDOWED DIVO SING HOME OR OTHER INSTITU REET ADDRESSO DWN 134, INSIDE CITY YES N	RRIED	UPATION MOST OF WORKING LIFE)	GCNIGO 126 KIND OF B INDUSTRY	BUSINESS OR
S. CAYO) AC S. CAYO) A	18 CAYO] AC	10. C	S. Carolina CITY OR TOWN OF DEATH Wheator VAL RESIDENCE (IF HURSING HOME STATE MD. ATHER'S NAME FIRST UNK	OR OTHER INSTITUTION GIVE RESIDENCE BE UNITY STATE OF THE INSTITUTION GIVE RESIDENCE BE UNITY STATE OF THE ST	WIDOWED DIVO SING HOME OR OTHER INSTITU RET ADDRESS) FORE ADMISSION DWN 13d. INSIDE CITY YES \(\) N	TION 120 USUAL OCC (TYPE OF WORK FOR.	MOST OF WORKING LIFE)	126 KIND OF B	BUSINESS OR
UNITED TO THE RESIDENCE (IF NORSHOR MOST OF WHISH MINITION OF OF WHIS	UNITED TO THE STORES OF MASSICIAN CONTRIBUTION DATE RESIDENCE OF MASSICIAN CONTRIBUTION OF RESID	USU 13a.	Wheator JAL RESIDENCE (IF HURSING HOME STATE MD. 13b. CO MATHER'S NAME FIRST UNK	OR OTHER INSTITUTION GIVE RESIDENCE BE UNITY STATE OF THE INSTITUTION GIVE RESIDENCE BE UNITY STATE OF THE ST	PRET ADDRESS) NS.C. HOME FORE ADMISSION OWN 13d. INSIDE CITY YES. N	(TYPE OF WORK FOR	MOST OF WORKING LIFE)	INDUSTRY	
136 STATE 136 COUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? 138 STREET ADDRESS 148 SOCIAL SECURITY NO. 15 MOTHER'S MAIDEN NAME 15 MOTHER'S MAIDEN NAME 15 MOTHER'S MAIDEN NAME 15 MOTHER'S MAIDEN NAME 16 MODES 17 MODES 17 MODES 17 MODES 18 MODES	136 STATE 138 COUNTY 136 CITY OR TOWN 136 INSIDE OF SOME 138 STREET ADDRESS 138 SOCIAL SECURITY NO. 136 MOTHER'S MAIDEN NAME 135 MOTHER'S MA	130.	STATE 136. CO	NT. SIL. CITY OR TO	OWN 138 INSIDE CITY	LIMITS? 13e STREET ADDI	RESS		
18 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 19 VES, GIVEN ON RUNNOWN) 19 VES, GIVEN ON RUNNOWN 19 VES, GIVE	14. FATHER'S MAIDEN NAME 18. MODIE 18. MOTHER'S MAIDEN NAME 18. MODIE 18. MOTHER'S MAIDEN NAME 18. MODIE 18. MODIE 18. MOTHER'S MAIDEN NAME 18. MODIE 18.	850	FIRST		15 MOTHER'S M		W. S.M. Ha	amp, R	lue.
166 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NOOR UNKNOWN) (#YES, GINE WAR OR DATES) 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 10100 New Hamp. A 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), 19 ART 1. DEATH WAS CAUSED BY 19 ART 2. OTHER SIGNIFICANT CONDITIONS CONSEQUENCE OF (c) 19 ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1. DEATH 19 ART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? 20 B. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH 19 ART 2. OTHER BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1. DEATH 19 ART 2. DEATH	166 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NOOR UNKNOWN) (#YES, GINE WAR OR DATES) 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 10100 New Hamp. A 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), 19 ART 1. DEATH WAS CAUSED BY 19 ART 2. OTHER SIGNIFICANT CONDITIONS CONSEQUENCE OF (c) 19 ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1. DEATH 19 ART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? 20 B. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH 19 ART 2. OTHER BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1. DEATH 19 ART 2. DEATH	160			FIRS	AIDEN NAME			
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1, DEATH WAS CAUSED BY: WMEDIATE CAUSE (b)	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1, DEATH WAS CAUSED BY: WMEDIATE CAUSE (b)			ARMED FORCES? 166 SOCIAL SI		1			
OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTEY MEDICAL EXAMINER) 21d INJURY OCCURRED 21d I	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21d	y, or other traumotic	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSE	ASCVD DUENCE OF) THE TERMINAL DISEASE OR	CONDITION GIVEN		
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTEY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. INJURY OCCU	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTEY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. INJURY OCCU	IIIICA	190, DATE OF OPERATION	196 CONDITION FOR WH	CH OPERATION WAS PERFORM		IN CERTIFYI	ING CAUSES OF	F DEATH?
220.1 certify that (I) (this haspital) attended the deceased from SEDT 1, 19, 76, to 3, 49, 82, that (I) (we) lost sow the deceased of the body of the deceased of the decease	220.1 certify that (I) (this haspital) attended the deceased from SEDT 1, 19, 76, to 3, 49, 82, that (I) (we) lost sow the deceased of the body of the deceased of the decease	- / /	OR CONTRIBUTING CAUSE OF I	DEATH HOUR A.M. MONTH	DAY YEAR	RY OCCURRED (ENTER NATURE C	DF INJURY IN ITEM 18 PAR	1 1 OR PART 2)	
sow the deceased alive on 5-28 19 82, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (dial/dial not) view the body ofter death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF	sow the deceased alive on 5-28 19 82, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (dial/dial not) view the body ofter death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF	MEDI	WHILE NOT WHILE			CITY	ORTOWN	COUNTY	STATE
276. SIGNATURE 2776. SIGNATURE DEGREE ATTENDING MEDICAL STAFF 276. DATE SIGNED	2726. SIGNATURE DEGREE ATTENDING MEDICAL STAFF 226. DATE SIGNED	21 is mo					the date and hour a	, , , , , ,	
	22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS			Mu —	ATTI		STAFF		
MYRON LENKIN DATE DATE DATE DE WHEATON 2090		24.#	PULLUA DIRECTOR D	1281189	yaen nat	125-BORNAME GID AV REGIS	JEAR ZSE MEGISTE	AR SEMENATOR	1



Auto.		OR DRIN.TI	FIRST	WIDDLE	w.e.d. 10	LAST	20. DATE OF DEATH			HOUR
M	3 SE	4.5	Zie	(N.M.I.)	5. DATE C	Lliams DE BIRTH	May 10, 1			7-35A M
經少		Male		hite	MONTH		75	YRS		OURS MIN.
2 2	1	RTHPLACE (STATE OF FOR		ZEN OF WHAT COUNTR	Y? 8	D NEVER MARRIED	9 BALTIMORE CITY OF	R COUNTY OF	DEATH	2
orthin be		aryland ITY OR TOWN OF DEATH		U.S.A.	WIDOWE		120 USUAL OCCUPATION		12b. KIND OF B	
6	15	IIVERSPR	ing H	OLY CROS		SPETAL	Ret Mainten	ance	Electr	ical C
2	130	STATE	36 COUNTY	STITUTION, GIVE RESIDENCE BEF 13c CITY OR TO	NWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS		4-4 B	
The	_	aryland THER'S NAME	P.G.	Greenbe	:16	YES NO []	23 Parkway	Court	Vbr-R	
8	S	weety	WIDDLE	Willia	ams	Dollie	MIDDLE		Reed	
dicol		WAS DECEASED EVER IN	U.S. ARMED FO	DATES)		17. INFORMANT	ADDRES	SS Addre	ess Sam	e as
e ok	N	0		579-09-		Lillian E.	Williams	No#		
ent, th		18 CAUSE OF DEATH PART 1. DEATH WAS	(Enter only one co S CAUSED BY:	ouse per line for (o), (b),	ond (c		1. + E. D		BETWEEN ONS	
>										
9		4250	MEDIATE CAUS		A	lohelic Ca	rdiemyepath;	y	1981	
oumotic e		4255 Conditions, if ony,	DU	E TO, OR AS A CONSEC	A	Ildehelic Ca	rdiemyepath;	y	1411	
her troumotic e		Conditions, if ony, or gove rise to immercouse (o), stoting	which diote the)E (0)	DUENCE OF	ildehelic Ca	rdiomyopath;	y	1114	
ar other troumotic e		Conditions, if ony, v gove rise to imme couse (a), stating underlying couse	which diote the lost.	te to, or as a consec (b) te to, or as a consec (c) Die be	DUENCE OF	ne Marus	rdiemyepath;	y	1471	
njury, ar ather troumotic e	NO	Conditions, if ony, or gove rise to immercouse (o), stoting	which diote the lost.	te to, or as a consec (b) te to, or as a consec (c) Die be	DUENCE OF	NOT RELATED TO THE TER	rdi myopath;	Y DITION GIVEN	1471	ascula
ony injury, ar ather troumotic e	CATION	Conditions, if only, vigove rise to immecouse (a), stating underlying couse	which diote the lost.	te to, or as a consec (b) te to, or as a consec (c) Die be	DUENCE OF DEATH BUT	NOT RELATED TO THE TER	inal Disease propio	20b. IF YES, W	1411	ascula e S USED
ows ony injury, or	RTIFICATION	Conditions, if ony, y gove rise to immercouse (a), stating underlying couse PART 2 OTHER SIGNIF AS CVD	which diote the lost. DU	TO, OR AS A CONSECTION OF THE TO, OR AS A CONSECTION OF THE TO CONTRIBUTING TO CONDITION FOR WHICE	DUENCE OF DEATH BUT	NOT RELATED TO THE TER.	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	IN PARTIES OF THE PROPERTY OF	ascula e S USED
n 18 shows any injury, ar ather traumatic e	L CERTIFICATION	Conditions, if ony, very gove rise to immediate couse (a), stating underlying couse PART 2 OTHER SIGNIF AS CVD	which diote the lost. FICANT CONDITION ON 196 REVING 196 216.	E TO, OR AS A CONSEGE (b) E TO, OR AS A CONSEGE (c) DIC BE IONS CONTRIBUTING TO CONDITION FOR WHICE TIME OF INJURY	DUENCE OF DEATH BUT	NOT RELATED TO THE TER.		20b. IF YES, W IN CERTIFYIN YES [IN PARTIES OF THE PROPERTY OF	ascula e S USED F DE TH?
Item 18 shaws ony injury, or		Conditions, if only, of the course to immediate the course the course to immediate the course	which diote the lost. FICANT CONDITION PICKING WO 21b. HC USE OF DEATH LEXAMINER)	ETO, OR AS A CONSECT (b) ETO, OR AS A CONSECT (c) DICE DO CONTRIBUTING TO CONDITION FOR WHICE TIME OF INJURY OUR A.M. MONTH P.M.	DUENCE OF DEATH BUT	NOT RELATED TO THE TER. NOT RELATED TO THE TE	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [IN PARTIES OF THE PROPERTY OF	ascula e S USED F DE TH?
shaws ony injury, or	MEDICAL CERTIFICATION	Conditions, if ony, year rise to immediate to immediate to immediate to immediate to immediate the course the cou	which diote the lost. FICANT CONDITION PRIVING 196 REVING 196 LEXAMINER) 216. 16.1	TIME OF INJURY OUR A.M. MONTH	DUENCE OF DEATH BUT THE OPERATION DAY YEAR	NOT RELATED TO THE TER.	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN YES [IN PARTIES OF THE PROPERTY OF	ascula e S USED F DE TH?
Item 18 shaws ony injury, or		Conditions, if only, or gove rise to immercouse to its stating underlying couse PART 2 OTHER SIGNIF AS CVD 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDER OR CONTRIBUTION DELOCATION WHILE AT WORK AT WORK NOT WHILE AT WORK	which diote the lost. FICANT CONDITION OF 196 DN 196 EVING 196 EVING 196 216. HC (AT	TIME OF INJURY OUR A.M. MONTH P.M. PLACE OF INJURY HOME. STREET, FACTORY, OFFICE	DUENCE OF D DEATH BUT CH OPERATIO DAY YEAR 19 E, FARM, ETC.)	NOT RELATED TO THE TER. ON WAS PERFORMED 216 HOW INJURY OCCUI	200 AUTOPSY? YES NOT	20b. IF YES, WIN CERTIFYIN YES [YIN ITEM 18. PART	IN PART 100 DISCOUNTY	S USED F DE TH?
Item 18 shaws ony injury, or		Conditions, if only, years to immercouse (a), stating underlying couse PART 2 OTHER SIGNIF AS CVD 19a DATE OF OPERATIO 21a. ACCIDENT WAS UNDER OR CONTRIBUTION CALL (IF EITHER NOTIFY MEDICAL 21d INJURY OCCURREI WHILE AT WORK AT WORK 27a. I certify that (I) M sow the deceased	which diote the lost. FICANT CONDITION PREVING 196 21b. HC LEXAMINER) D 21e. (AT	TIME OF INJURY OUR A.M. MONTH P.M. PLACE OF INJURY HOME, STREET, FACTORY, OFFICended the deceosed from	DUENCE OF D DEATH BUT CH OPERATIO DAY YEAR 19 E, FARM, ETC.)	214 LOCATION STREET	200 AUTOPSY? YES NOT NATURE OF INJURY CITY OR TOW	20b. IF YES, WIN CERTIFYIN YES [VIN ITEM 18 PART	IN PARTION DISCRETE FINDINGS (G CAUSES OF LICE PARTIZ)	S USED F DE TH?
frem 21 is marked or Item 18 shows ony injury, ar		Conditions, if only, years to immercouse (a), stating underlying couse PART 2 OTHER SIGNIF AS CVD 19a DATE OF OPERATIO 21a. ACCIDENT WAS UNDER OR CONTRIBUTION CALL (IF EITHER NOTIFY MEDICAL 21d INJURY OCCURREI WHILE AT WORK AT WORK 27a. I certify that (I) M sow the deceased	which diote the lost. FICANT CONDITION PREVING 196 21b. HC LEXAMINER) D 21e. (AT	TIME OF INJURY OUR A.M. MONTH P.M. PLACE OF INJURY HOME. STREET, FACTORY, OFFICE	DUENCE OF DEATH BUT THOPERATIO DAY YEAR 19 E. FARM, ETC.)	216 HOW INJURY OCCUI 211 LOCATION STREET 19 nd that in (my) (000) opinion DEGREE	200 AUTOPSY? YES NO NOTIFICATION OF INJURY CITY OR TOW deoth occurred on the dot	20b. IF YES, WIN CERTIFYIN YES [VIN ITEM 18 PART VIN 17 PART 19 PART	INPART TO DISCOUNTY LORPART 2) COUNTY tho tho d from the county 22c DATE SIG	S USED F DE TH? NO THE STATE IT (I) (we) lost stated GNED
upp. or neam and memor rygene prior to borror them 21 is marked or them 18 shows ony injury, or		Conditions, if ony, y gove rise to immecouse (a), stating underlying couse PART 2 OTHER SIGNIF AS CVD 19a, DATE OF OPERATIO 21a, ACCIDENT WAS UNDER OR CONTRIBUTION 22 CAI (IF EITHER NOTIFY MEDICAI 21d INJURY OCCURREI WHILE NOTWHILE WHILE NOTWHILE WHILE NOTWHILE WHILE AT WORK 220.1 certify that (I) MI sow the deceased obove, (I) was idid 22b. SIGNATURE	which diote the lost. FICANT CONDITION PREVING 196 21b. HC LEXAMINER) D 21e. (AT	TIME OF INJURY OUR A.M. MONTH P.M. PLACE OF INJURY HOME, STREET, FACTORY, OFFICended the deceosed from	DUENCE OF DEATH BUT THOPERATIO DAY YEAR 19 E. FARM, ETC.)	216 HOW INJURY OCCUI 211 LOCATION STREET 19 nd that in (my) (000) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NOT NATURE OF INJURY CITY OR TOW	20b. IF YES, WIN CERTIFYIN YES [YIN ITEM 18 PART VN 19 te and hour on	/417 IN PART 110 DISCUSSION /ERE FINDING: IG CAUSES OF I OR PART 2) COUNTY tho and from the county	S USED F DE TH? NO THE STATE IT (I) (we) lost stated GNED
re Dept. or recain on a menior rygene prior to como II: If them 21 is morked or them 18 shows ony injury, or		Conditions, if only, gove rise to immecouse (a), stating underlying couse PART 2 OTHER SIGNIF AS CAND 19a DATE OF OPERATIO 21a, ACCIDENT WAS UNDER OR CONTRIBUTION OF CONTR	which diote the lost. FICANT CONDITION REVING 196 216. LEXAMINER) D 21e. (AT	TIME OF INJURY OUR A.M. MONTH P.M. PLACE OF INJURY HOME, STREET, FACTORY, OFFIC	DUENCE OF DEATH BUT THOPERATIO DAY YEAR 19 E. FARM, ETC.)	216 HOW INJURY OCCUI 211 LOCATION STREET 19 nd that in (my) (000) opinion DEGREE	200 AUTOPSY? YES NO NOTIFICATION OF INJURY CITY OR TOW deoth occurred on the dot	206. IF YES, WIN CERTIFYIN YES [Y IN ITEM 18 PART VN 19 19 Flan	IN PART 10 V DISCUSSION VERE FINDING: GCAUSES OF I I OR PART 2) COUNTY tho and from the county 22c DATE SIG	S USED F DE TH? NO THE STATE IT (I) (we) lost stated GNED
Item 21 is marked at Item 18 shows ony injury, at	MEDICAL	Conditions, if ony, y gove rise to immecouse (a), stating underlying couse PART 2 OTHER SIGNIF AS CVD 19a, DATE OF OPERATIO 21a, ACCIDENT WAS UNDER OR CONTRIBUTION 22 CAI (IF EITHER NOTIFY MEDICAI 21d INJURY OCCURREI WHILE NOTWHILE WHILE NOTWHILE WHILE NOTWHILE WHILE AT WORK 220.1 certify that (I) MI sow the deceased obove, (I) was idid 22b. SIGNATURE	which diote the lost. FICANT CONDITION 196 EVING 196	TIME OF INJURY OUR A.M. MONTH P.M. PLACE OF INJURY HOME. STREET, FACTORY, OFFICE Pended the deceosed from STREET, FACTORY, OFFICE Pended the deceosed from The body ofter death.	DUENCE OF DEATH BUT CH OPERATIO DAY YEAR 19 E, FARM, ETC.)	216 HOW INJURY OCCUI 211 LOCATION STREET 19 nd that in (my) (000) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO NOTIFICATION OF INJURY CITY OR TOW deoth occurred on the dot	20b. IF YES, WIN CERTIFYIN YES [YIN ITEM 18 PART VN 19 te and hour on	IN PART 10 V DISCUSSION VERE FINDING: GCAUSES OF I I OR PART 2) COUNTY tho and from the county 22c DATE SIG	S USED F DE TH? NO THE STATE of the Web lost stated GNED

and the second second second 7 11 ofpu hr. Frank Ret. Maintenance Mactrical Co. 27 Sriway Court Aut-2 diedeour. ins Eyner THOR milion partition ritoova Address Same an resiling nothing to an area .001 0/ 0 " The second second a south and the date Committee Chrosin alternation of the country 4 0 6 16-01-3 Inviri try 17,1982 Pt. Lincoln Genetery Trentwood P. G. Harytmad of the tone L.H. P. . Wystlsville, Md.

	FOR STATE REGISTRAR	MEDICAL EXAM	OF HEALTH AND	FICATE OF DEATH	KEG. NO.	3 4 8	3
	CEASED NAME FIRST PE OR PRINT) REGINA	MIDDLE	L. W		OF ESTI-	5-6-82	26 HOUR
3. SE: ma 70 B Wa	X 4 RACE 5. D	ATE OF BIRTH 6. AGE	BIRTHDAY) 2 YRS. 8. MARRIED	R. IF UNDER 24 HRS. 2c. HOURS MIN. PRO	NOUNCED	0-6-82 19 DUNTY OF DEATH	24 HOUR 1:40A
10. C	Takoma Pk. Wa	NAME OF HOSPITAL, NURSING INF NOT IN SUCH FACILITY, GIVE STREET ADD SON ADVEN	WIDOWED HOME, OR OTHER INSTITUTE TO THE PROPERTY OF THE PROPER		OCCUPATION ITYPEOFW SMPTOYed		MD. USINESS RY
	AL RESIDENCE HEIN NURS TO OME OR OTHE	ER INSTITUTION, GIVE RESIDENCE BEFORE A WASHIN	gton 13d INCLE		Peabody	Street N.	Ε.
14, F.	ATHER'S NAME FIRS TOMMIE T	wils	on	THER'S MAIDEN NAME FIRST Jessie	MIDDLE	Bats	
160	WAS DECEASED EVER IN U.S. ARMED IN (S. NO. OR UNKNOWN)	FORCES? 166, SOCIAL SEC 577-66	2495 TO	mmie L. Wil	Lson, 337	Peabody	St N
NO	Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTR.	(b)	NCE OF	ITION GIVEN IN PART 1 10			
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERF	ORMED?		20 AUTOPSY YES 🕡	? NO []
CALCERT	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	H P.M.	YEAR	URY OCCURRED (ENTER NATU	RE OF INJURY IN ITEM 18 PART I		
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HO STREET, FACTORY, FARM, ETC.)	OME, 211 LOCATION STREET		Y OR TOWN	COUNTY	STATE
		ita A. Korell, M	Suicide , Ho	E (SPECIFY) SISTANT MEDICAL S 111 Penn S	ned monner	my apinian DATE 5-6-82 GIGNED	
23a. E	BURIAL, CREMATION, REMOVAL 236. D	ATE 23c. NAME C	OF CEMETERY OR CREM.	ATORY 23d. LOCA	TION	COUNTY S	TATE
24 F		5-11-82 Harm	ony Mem. Home	Park 250. DATE REC'D. BY REC	Landover	Marylan	nd



STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	4	ing	150	de.	0
6.		5	63	8	6
REG. NO.					

	CEASED NAME	FIRST		MIDDLE	L	AST	20 DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR
(116)	COR PRINT)	ALOVS	ATS	M		WITCHIE	MAY 8.	1982		2:30A
3. SE	Х		4 RACE		5. DATE O	F BIRTH	6 AGE (IN YEARS LAS		IF UNDER 1 YEAR	IF UNDER 24 HR
	FEMALE		CAUCAS	STAN	JAN	8.1889 YEAR	93	YRS	MONTHS DAYS	HOURS MI
	IRTHPLACE (STATE O	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUN	TY OF DEATH	
	INNESOTA		11.	S.A.	WIDOWE		MONTO	GOMERY		
	ITY OR TOWN OF D	EATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	12a USUAL OCCUP			OF BUSINESS
_ (WHEATON		11306	GALT AVE	NUE		HOUSEWI		tire) II4DOSTKI	
13a.	AL RESIDENCE (IF NO	13b COUN		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRE	SS		
	MARYLAND	MONTO	GOMERY	WHEATON		YESXX NO [GALT A	AVENUE	209
14 F	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	(F		.51
	JACOB			KREBSBAC	H	GERTRUD	E		KREBSI	3ACH
	WAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	AD	DRESS		
	NO			N/		ALLAN JAMES	WITCHIE	SAME	AS 13	SON
	18. CAUSE OF DEA	ATH (Enter onl	y one couse pe	r line for (a), (b), and	dic	0,	D		APPRO. BETWEEN	ONSET AND DEAT
	Conditions, if on		DUE TO, C	RAS A CONSEQUE	ENCE OF	ouary ar	ten d	liques	e	
IFICATION	gove rise to in couse (a), state underlying cou	mmedip te ting the se lost	DUE TO, CO	SWELL ONTRIBUTING TO E	SCEATH BUT		20a AUTOPSY?	ONDITION G 20b. IF Y IN CERT	IVEN IN PART 1 ES, WERE FIND IFYING CAUSE	INGS USED S OF DEATH?
CERTIFICATION	gove rise to in couse (a), stoli underlying coul PART 2 OTHER SIG	Minedip tering the se lost GNIFICANT C	DUE TO, CO (c) ONDITIONS C 196 COND 216. TIME C	ONTRIBUTING TO E	SICE DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	20b. IF Y	ES, WERE FIND IFYING CAUSE YES	INGS USED
	gove rise to in couse (a), stolunderlying couperlying couperlying couperlying coupers 2 OTHER SIG	mmedipte fing the se Ds1 GNIFICANT C ATION INDERLYING	DUE TO, CO (c) ONDITIONS C 196 COND 216. TIME C HOUR A	ONTRIBUTING TO D	SICE DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	20b. IF Y	ES, WERE FIND IFYING CAUSE YES	INGS USED S OF DEATH?
MEDICAL CERTIFICATION	gove rise to in couse (a), stoly underlying could part 2 OTHER SIGN 19a. DATE OF OPER 21a. ACCIDENT WAS UNDER CONTRIBUTING (IF EITHER NOTIFY ME 21d. INJURY OCCU	mmedipte ting the se lost GNIFICANT C ATION ATION CAUSE OF DEAL DICAL EXAMINER)	DUE TO, CO (c) ONDITIONS C 196 COND 196 HOUR A P 216 PLACE	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	20b. IF Y	ES, WERE FIND IFYING CAUSE YES	INGS USED S OF DEATH? NO [
	PART 2 OTHER SIGNATURE OF OPER 21d. ACCIDENT WAS U OR CONTRIBUTING (# EITHER NOTIFY ME 21d. INJURY OCCU	mmedipte ting the se lost GNIFICANT C ATION INDERLYING [] CAUSE OF DEAT DICAL EXAMINER) RRED ORR ORR (this hospite	DUE TO, CO (c) ONDITIONS C 196 COND 196 COND 196 COND 216. TIME C HOUR A P 21e. PLACE (AT-HOME, ST	ONTRIBUTING TO E ONTRIBUTING TO E ONTRIBUTING TO E ONTRIBUTION FOR WHICH OF INJURY M. OF INJURY REET, FACTORY, OFFICE, F	DEATH BUT OPERATION AY YEAR 19 ARM. ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCURI	INAL DISEASE OR C	20b. IF Y IN CERT INJURY IN ITEM 18	ES, WERE FIND IFY ING CAUSE YES PART 1 OR PART 2) COUNTY	INGS USED S OF DEATH? NO
	PART 2 OTHER SIGNATURE OF OPER 21d. ACCIDENT WAS U OR CONTRIBUTING (# EITHER NOTIFY ME 21d. INJURY OCCU	mmedipte ting the se lost GNIFICANT C ATION INDERLYING [] CAUSE OF DEAT DICAL EXAMINER) RRED ORR ORR (this hospite	DUE TO, CO (c) ONDITIONS C 196 COND 196 COND 196 COND 216. TIME C HOUR A P 21e. PLACE (AT-HOME, ST	ONTRIBUTING TO E ONTRIBUTING TO E ONTRIBUTING TO E ONTRIBUTION FOR WHICH OF INJURY M. OF INJURY REET, FACTORY, OFFICE, F	DEATH BUT! OPERATION AY YEAR 19 ARM. ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCURI	INAL DISEASE OR C 200 AUTOPSY? YES NO RED (ENTER NATURE OF	20b. IF Y IN CERT INJURY IN ITEM 18	ES, WERE FIND IFY ING CAUSE YES PART 1 OR PART 2) COUNTY	NGS USED S OF DEATH? NO
	PART 2 OTHER SIGNATURE OF OPER SIGNATURE OPER SI	mmedipte ting the se lost GNIFICANT C ATION INDERLYING [] CAUSE OF DEAT DICAL EXAMINER) RRED ORR ORR (this hospite	DUE TO, CO (c) ONDITIONS C 196 COND 196 COND 196 COND 216. TIME C HOUR A P 21e. PLACE (AT-HOME, ST	ONTRIBUTING TO E ONTRIBUTING TO E ONTRIBUTING TO E ONTRIBUTION FOR WHICH OF INJURY M. OF INJURY REET, FACTORY, OFFICE, F	DEATH BUTION OPERATION AY YEAR 19 ARM. EIC)	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCURI 21l LOCATION STREET 19 16 d the Was performed opinion. DEGREE ATTENDING	INAL DISEASE OR C 200 AUTOPSY? YES NO RED (ENTER NATURE OF	20b. IF Y IN CERT INJURY IN ITEM 16 OR TOWN	ES, WERE FIND IFY ING CAUSE YES PART 1 OR PART 2) COUNTY	NGS USED S OF DEATH? NO
	gove rise to in couse (o), stoly underlying could part 2 OTHER SIGN 19a. DATE OF OPER 21a. ACCIDENT WAS UNDER CONTRIBUTING (IF EITHER NOTIFY ME 21d INJURY OCCU WHILE AT WORK NOTIFY AT WORK 220. I certify that (sow the deceed obove. (I) (iii) enter the couse (I) (iii) enter the couse (II) (we) is stoly in the deceed obove. (II) (iii) enter the couse (III) (iiii) enter the couse (III) (iiii) enter the couse (III) (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	mmedip te ting the se lost GNIFICANT C ATION INDERLYING CAUSE OF DEAL DICAL EXAMINER) ORR ORR (this hospith assed blive ag (did) (did not)	DUE TO, C (c) ONDITIONS C 196 COND 196 COND 197 COND 216 TIME C HOUR A P 216 PLACE (ATHOME. ST	ONTRIBUTING TO E OF INJURY M. MONTH DA M. OF INJURY REEL FACTORY, OFFICE, F re deceosed from 22 19 office of the control of the contr	DEATH BUTION OPERATION AY YEAR 19 ARM. EIC)	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCURI 21l LOCATION STREET 19 16 d the Was performed opinion. DEGREE ATTENDING	INAL DISEASE OR C 200 AUTOPSY? YES NO RED (ENTER NATURE OF CITY C CITY C MEDICAL DIRECTOR PH	20b. IF Y IN CERT INJURY IN ITEM 18 DR TOWN STAFF YSICIAN	ES, WERE FIND IFY ING CAUSE YES PART 1 OR PART 2) COUNTY 19	NGS USED S OF DEATH? NO STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR

JNERAL DIRECTOR FRANCIS J. COLLINS
500 UNIV.BLVD., W., SILVER SPRING, MD. 20901

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

country and a sung The should be the the state and the state of AZMAND NAME AND AND AND ADMINISTRATION OF THE PARTY OF TH Logical Commence of the Contract of the Contra FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

REGISTRAR			CERTIFI	CATE OF DEATH	0	REG. NO.	3	0 /
ETYPE OR PRINTI	SORIE .	E.	Ĵ.	Joon	2a DATE O	DE DEATH MONTH	22-8)	26 HOUR 735p
1 SEX	4 RACE	E,	5. DATE OF		6 AGE UN	YEARS LAST BIRTHDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
Fomalo	T.7T. 2 4		MONTH	DAY YEAR		,	MONTHS. DAYS	HOURS MIN
Female BIRTHPLACE (STATE OR FORE	White	WHAT COUNTRY?	11	27 189		YRS.		
COUNTRY	78 CHIZEN OF	WHAT COUNTRY!	MARRIED	NEVER MARRIED	J. BALTIMO	ORE CITY OR COUNT	IY OF DEATH	
Maryland	U. S	. A.	WIDOWED		Mon.	tgomery		M
CITY OR TOWN OF DEATH		HOSPITAL, NURSIN TH FACILITY, GIVE STREET	G HOME OF ADDRESS)	OTHER INSTITUTION	12a USUAL	OCCUPATION A	126 KIND (OF BUSINESS O
Silver Sprin		v Cross	Hosp:	ital		sewife		Home
JOUAL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	13t. CITY OR TOW		3d INSIDE CITY LIMITS?				-1001115
	ontgomery	Sil. Sp		YES X NO	9124	Flower A	A	
FATHER'S NAME				5 MOTHER'S MAIDEN		r TOWer A	venue	
William	B.	LAST TY33 + CO	77	FIRST		WIDDIE	(A	0.
WAS DECEASED EVER IN		Hutze		Jenny 17. INFORMANT	7	ADDRESS	Bea	achley
(YES NO OR UNKNOWN) (I	F YES, GIVE WAR OR DATES)					8800 Car	ribbear	n Drive
No		214-36-	2685	Richard I	<pre>Iutzel</pre>	LOcean Ci	tv Mo	1F
18 CAUSE OF DEATH IS PART I. DEATH WAS	nter only one couse per	line for (a), (b), and	lici				APPROX BETWEEN	ONSET AND DEATH
	MEDIATE CAUSE (0)	CARDIA	c A	RREST				
4149		AS A CONSTOUE	NCFOR					
Canditions, if any, w		OR ONA	R4 F	PRIERY,	DISEASO	6		
gove rise to immed	iote		-/					
	the DUE TO, O	S A CONSEQUE	NOCOF	COINTESTUR	1 He	morehag	9	
	(6) [[
PART 2 OTHER SIGNIFICATION								0
CHRS 1		UCTIVE		onary Dis		DIABET		
190 DATE OF OPERATION	N 196 CONDI	TION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTO	OPSY? 20b. IF YE	ES, WERE FINDI	NGS USED
					YES 🗌	prime.	ES [NO []
21a. ACCIDENT WAS UNDERLY				21c. HOW INJURY OCC	URRED (ENTER N	ATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL E 21d INJURY OCCURRED	2 01 0611111	M. MONTH DA						
21d INJURY OCCURRED			19	211 LOCATION				
WHILE I I NOT WHILE	LAT HOME STR	EET, FACTORY OFFICE, FA		STREET		CITY OR TOWN	COUNTY	STATE
AT WORK	<u> </u>							
220.1 certify that (1) (thi			HPM	12 20 , 19	2. 10 //	14422		that (1) (we) las
saw the deceased a	(the not) view the body	ofter death	, ond	that in (my) (our) opinio	on deoth occurre	ed on the date and ha	our and from the	couses stated
226. SIGNATURE		oner oddin.	DE	GREE			22c DATE	SIGNED
BEDNADO	2 A. FITT	GRENIA	M	ATTENDING	MEDICAL	STAFF	5-7	12-82
22d PHYSICIAN'S NAME	(TYPE OR PRINTL	Jerenon	-	22e ADDRESS	DIRECTOR	PHYSICIAN [100	0
Barrie	a Tite	1.11	P. S.	1.1	- 1	21 4 -		0. /
Comand	00097	res (XI JUNIUCI	28174 /	Lus E, SI	Lun di	PHAG M
30 BURIAL, CREMATION, REA	AOVAL 23b. DATE	23c. N	AME OF CE	METERY OR CREMATOR		ATION		
Burial	5/26/	82 RO	se Hi	11 Cemete		acetown	COUNTY	STATE E a a free

BP.

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumotic

24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4) Box 7428 Warner E. Pumphrey, Inc.Sil Spr

23d LOCATION CITY OF TOWN Cemetery

By REGISTRAR 22 GIS 5 1982

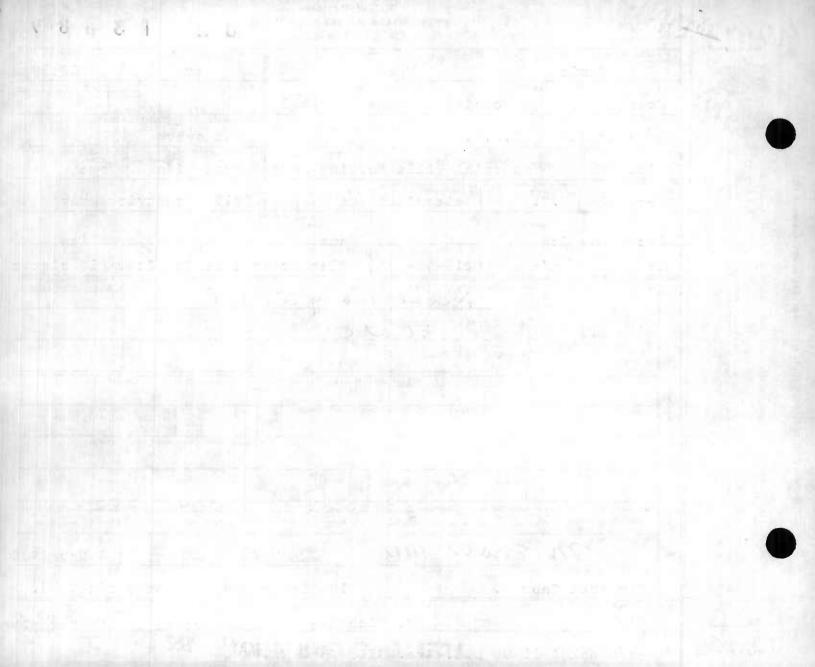
Marine of the same May 12 State 22 May 24 11 MA CEPHAN LITTERIAL OF ME STATES MAY 25 1982 The Don Bert

3		FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
		STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 REG. No. 3 4 8 8
-		CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN MONTH DAY YEAR 126 HOUR
(dt th)	(145	E OR PRINT)	OF ESTI-
	3. SEX	1. RACE	S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 24. DATE MONTH DAY YEAR 24 HOLLE
	1	21 1312	MONTH DAY YEAR LAST BISTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED
		RTHPLACE (STATE OR	The CHILD'N OF WHAT COUNTRY 2
3	V	reign country) irginia	MARRIED A NEVER MARRIED L.
1		TY OR TOWN OF DEATH	The state of the s
	4	= 1 10 1	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY
-	USUA	L RESIDENCE (IF IN NURSING HOME O	or Other Institution, Give residence Before Admission) Metro Station Attendent
7	13a. S	TATE / COUNT	ITY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS
4	14 E/	THER'S NAME	Wishington YES NO 1 879 Jand St NEW
1	17.17	FIRST	MIDDLE LAST IS. MOTHER'S MAIDEN NAME MIDDLE LAST
4	14- 14	Marion Ja:	Mes Wood Maude Boone MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
1	(Y	ES, NO, OR UNKNOWN) (IF YES, GIVE V	MAIN OR DAYED
Į		yes	Washington, D.C. 228 34 8858 Marion Wood-wife-819 52nd Street N
1		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	ly ane cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1			TECAUSE (a) Acute My a C2, V 1 12 CUIV.
		4211	DUE TO, OR AS A CONSEQUENCE OF
J		Canditions, if any, which gave rise to immediate	(b) Chronic Myocardial Dis,
1		cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A CONSEQUENCE OF
1			(c)
4		PART 2 OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
	CERTIFICATION	/V m	
	CAI	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY?
	TIFE	Non	YES NO THE
	CER	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
1	CAL	UNDERLYING OR CONTRIBUTING CAUSE OF D	
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (ATHOME, 21f LOCATION
	*	WHILE AT WORK AT WORK	STREET CITY OR TOWN COUNTY STATE
			e of the remains described above, held an Autopsy , Inspection . Inquiry , and in my opinion
I		death resulted fram: Natura	al causes Accident , Suicide , Hamicide , Undetermined manner ,
I		ACTUAL	TITLE (SPECIFY)
1	3	SIGNATURE	Des MEDICAL EXAMINER SIGNED 2423198
		EXAMPLER'S NAME	
1		(TYPE OR PRINT)	ADDRESS
	73a.Bl	IRIAL CREMATION REMOVAL	DATE AND CEMETERS OF CREMORY THE COUNTY STATE
-	74 51	Burial INFERAL DIRECTOR	May Maryland National Park-Laurel, Maryland
		NAME //	Home-4001 Benning Rd N By REGISTRAY SIGNATURE LAST
Į	- 2	tewart/Funer	at thome-door permitting trains to

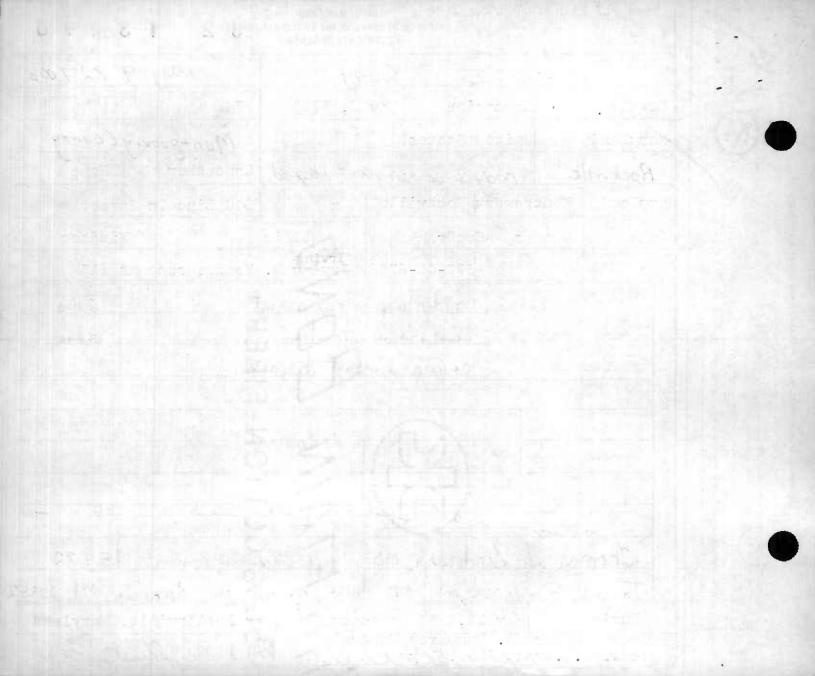
Burney Bally Street Bally inimated nyther order .5. (1)

0 7
2b. HOUR
12:20 p.
IF UNDER 24 HRS
HOURS MIN
F BUSINESS OR
ive
t
ce
siste
MATE INTERVAL ONSET AND DEATH
01
NGS USED
OF DEATH?
STATE
that (I) (we) last couses stated
SIGNED Lay 198
, Md.
D AND
URE -
SH [a

STATE OF MARYLAND



	1	tem #1/ FI	TIII GO	0/ 5/20			OF MARYLAND EALTH AND MENTAL HY	CIENE ()		7 1	0 0
/.	1 -	STATE REGISTRAR			JUL ANT		CATE OF DEATH	0 00	, NO.	3 4	7 4
2		OR PRINT) ES	ther		WIOOFE	You	n9	20 DATE OF DEATH	nay 1	9 82	7,00 p
of the position of the positio		emale ,		Caucas			8, 1908 ^{EAR}	6. AGE (IN YEARS LAS	T BIRTHDAY) YRS.	IF UNDER 1 YEAR	IF UNDER 24 HR
	Ma	arthplace (state or e		United	what country? States	MARRIE			+90mer	17.	nty ,
Popular of the design of the d	110 CI	Rockville		Shady	Grove C	ADDRESS)	ROTHER INSTITUTION	Homemark		12b. KIND C INDHSTRY	DE BUSINESS O
n 24 hou filled in hould be		fyland		gomery	ROCKV1	E AGMISSION)	130. INSIDE CITY LIMITS?	900 Lin	ss coln s	Street	
ompletely ond 2 si	Jo	hn FIRST	Thom		Cochran		15. MOTHER'S MAIDEN N. Nelli	MIDDI		Winds	or
icion and cricion and cricion and cricion and cricion the medical	16a V	VAS DECEASED EVER ES NO OR UNKNOWN)		NED FORCES? WAR OR DATES)	577-40-		Trvine R.		same		KIMATE INTERVAL ONSET AND DEATH
equires that the death ce is signed by the attending Then please remove carb to burial, cremation, or in hiury, or other troumatic.	NO	Conditions, if any, gove rise to imm couse (o), storin underlying couse	nediate ig the lost	(b) DUE TO, C	OR AS A CONSEOU OR AS A CONSEOU CO YOUNG ONTRIBUTING TO	dial.	infarction eart diseas		ONDITION GIV	34 EN IN PART 10	lrs
he low re an. hos beer t permit.	CERTIFICATION	19a DATE OF OPERA	TION	196. COND	DITION FOR WHICH	OPERATION	N WAS PERFORMED	YES NO	IN CERTIF	S, WERE FINDI	
PHYSICIAN: The noting physicic his certificate buriot-transit of Mental Hygie for Item 18 should be a buriot of the mental hygie.	MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	CALEXAMINER)	P 21e. PLACE		AY YEAR	21c HOW INJURY OCCUI		INJURY IN ITEM IB 1	PART I OR PART 2)	STATE
OR ATTENDING P te haspital or otter DIRECTOR: After th oched for use as the Dept. of Health and Health and Health and	2	22a I certify that (I) saw the decease obove, (I) Love) (c	(this hospite	ottended t	he deceased from_	11 80 , on	d that in (my) (evr) apiniar	death accurred on th		19 8 0 , ur and from the	
TO HOSPITAL O retained by the TO FUNERAL DI should be denot with the State De IMPORTANT. If h	23a E	22d. PHYSICIAN'S NA THOMAS JURIAL, CREMATION,	G.	SINDE	4 -07	MD MD	22e ADDRESS	DIRECTOR PHY	0		d. 2089
BP		Burial			12,1982	Mono	cacy Cemete	ery Beal'I		-	-
DHMH - 16 50M 1/B1 (VRA 15, 4)		lomes, P.						AY 13 198		rar's signa	



and completely filled in by

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

I DEA							REG N	10		
	CEASED NAME ORPRINT)	FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
		Lydia		M	Z	etzsche	May 2	0 1982		1:50
3. SEX	(4	RACE		5 DATE C		6 AGE (IN YEARS LAST BI		ONING DAYS	IF UNDER 24
	Female		White	e	6	13 03	78	YRS.	ONNINO DATS	HOOKS
	RTHPLACE (STATE OR F	OREIGN 78	CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED K	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	Michigan	100	U.S.		WIDOWE		Montgome	rv		
IO CIT	TY OR TOWN OF DE	ATH 1		HOSPITAL, NURSIN	NG HOME O	R OTHER INSTITUTION	120 USUAL OCCUPA	TIÓN	126 KIND C	F BUSINES
01	nev	3.900		omery Gen		Hospital	(TYPE OF WORK FOR MOST	OF WORKING LIFE	INDUSTRY	
	AL RESIDENCE (IF NURS	SING HOME OR O	THER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	136 INSIDE CITY LIMITS?	Nurse			
	Md.	M	つかす	Gaithers		YES NO	301 Russe			
14 FA1	THER'S NAME				Dara	15 MOTHER'S MAIDEN NA	ME			
Н	Herman	MI	DDLE	Zetzsc	he	Amelia	MIDDLE		Ruhl	T
16a W	AS DECEASED EVER			166 SOCIAL SECU		17 INFORMANT	ADDI	RESS		
	ES, NO OR UNKNOWN]	(IF YES, GIVE W	AR OR DATES)	319-34-1	096	Michael B.	Sauer Fea	Equi	table wson,	Md.
						MICHAEL D.	Dauer, Esq	. 10	MADOIL	MATE INTERVI ONSET AND DI
	18 CAUSE OF DEAT PART I. DEATH W	AS CAUSED	BY	n line for (a), (b), an	nd Ic	1.1.0	/ .		BETWEEN	DNSET AND D
	cause (a), statir underlying cause		DUE TO, O	r as a conseou	ENCE OF					
TION	cause (a), statir underlying cause PART 2 OTHER SIG	ng the last	(c) ONDITIONS <u>C</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM				
RTIFICATION	cause (a), statir underlying cause	ng the last	(c) ONDITIONS <u>C</u>	ONTRIBUTING TO	DEATH BUT	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDIN ING CAUSES	IGS USED
CERTIFIC	cause (a), statir underlying cause PART 2 OTHER SIG	ng the lost NIFICANT CO	196 COND	ONTRIBUTING TO	DEATH BUT	ory type	20a AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDIN ING CAUSES	GS USED OF DEATH
REDICAL	Cause (a), statir underlying cause PART, 2. OTHER SIGN 19a DATE OF OUR RA 21a, ACCIDENT WAS UNIOR CONTRIBUTING	TION DERLYING CAUSE OF DEATH CAUSE OF DEATH CALEXAMINER) RED	196 COND 216. TIME C HOUR A P. 216 PLACE	ONTRIBUTING TO	DEATH BUT	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES URY IN ITEM 18, PAI	WERE FINDIN ING CAUSES	GS USED OF DEATH
MEDICAL	Cause (a), statir underlying cause PART 2 OTHER SIGI 19a DATE OF OT RA 21a ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR! WHILE NOT WAT WORK 22a.1 certify that (1) sow the decease obove, (1) (wo) (6)	TION DERLYING CAUSE OF DEATH (AL EXAMINER) RED HILE (this hospital ed alive on	196 COND 196 COND 216 TIME C HOUR A P. 21e PLACE (AT HOME, ST	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, I	DEATH BUT OPERATION AY YEAR 19 FARM, ETC.)	N WAS PERFORMED 21c. HOW INJURY OCCUR	200 AUTOPSY? YES NO CITY OR TO	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES TRI 1 OR PART 2) COUNTY 9 P2 ond from the	NGS USED OF DEATH NO STAT
MEDICAL	Cause (a), statir underlying cause PART 2 OTHER SIGN 19a DATE OF OUR A 21a ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR! WHILE NOT WAT WORK AT WORK AT WORK AT WORK 22a.1 certify that (1) sow the decease obove, (1) (we) (6) 22b. Si Si Si PE	TION DERLYING CAUSE OF DEATH (AL EXAMINER) RED HILE (this hospital ed alive on did) (did not)	196 COND 196 COND 216 TIME C HOUR A P. 21e PLACE (AT HOME, ST	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, I	DEATH BUT OPERATION AY YEAR 19 FARM.ETC.)	216. HOW INJURY OCCUR 216. LOCATION STREET 19 d that in (my) (out opinion DEGREE ATTENDING PHYSICIAN [6]	200 AUTOPSY? YES NO CITY OR TO CITY OR TO deoth occurred on the o	206. IF YES, IN CERTIFY YES URY IN ITEM 18, PA	WERE FINDIN ING CAUSES RT 1 OR PART 2) COUNTY	STAT
MEDICAL	Cause (a), statir underlying cause PART 2 OTHER SIGI 19a DATE OF OT RA 21a ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR! WHILE NOT WAT WORK 22a.1 certify that (1) sow the decease obove, (1) (wo) (6)	TION DERLYING CAUSE OF DEATH ALL EXAMINER) RED HILE CHIS hospita Get alive on additional	196 COND 196 COND 216 TIME C HOUR A P. 21e PLACE (AT HOME, ST	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REEL, FACTORY, OFFICE, The deceased from Other death	DEATH BUT OPERATION AY YEAR 19 FARM.ETC.)	216. HOW INJURY OCCUR 216. HOW INJURY OCCUR 216. LOCATION STREET 217. LOCATION STREET ATTENDING PHYSICIAN (226. ADDRESS	200 AUTOPSY? YES NO CITY OR TO CITY OR TO deoth occurred on the of the city of the city of the city or to the city of the c	106. IF YES, IN CERTIFY YES URY IN ITEM 18, PA	WERE FINDING CAUSES TRI 1 OR PART 2) COUNTY 9 P 2 ond from the 22c. DATE 24 /	STAT
WEDICAL MEDICAL	Cause (a), statir underlying cause PART, 2 OTHER SIGN 19a DATE OF OU RA 21a, ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR! WHITE NOTIFY MEDIC 22a. I certify that (I) sow the decease obove. (I) (we) (c) 22b. SI NOTIFY MEDIC 22d. PHYSICIAN'S N. Donald E URIAL, CREMATION.	DERLYING CAUSE OF DEATH ALL EXAMINER) RED HILE CHIS hospita Gd dive on did) (did not)	19b COND 19b COND 21b TIME C HOUR A P. 21e PLACE (AT HOME, ST VIEW the body RINT) 23b. DATE	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REEL, FACTORY, OFFICE, The deceased from OTHER death	DEATH BUT CONTROL OPERATION AY YEAR 19 FARM, ETC.)	216. HOW INJURY OCCUR 216. HOW INJURY OCCUR 216. LOCATION STREET 217. LOCATION STREET ATTENDING PHYSICIAN (226. ADDRESS	ZOO AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES OWN date and hour AFF ICIAN T., 01 ne	WERE FINDING CAUSES COUNTY 9 P 2 ond from the 22c. DATE 24 /	STAT that (I) (was stated by Stated
WEDICAL MEDICAL	Cause (a), statir underlying cause PART 2 OTHER SIGN 19a DATE OF O'' RA 21a ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR! WHILE NOT WAT WORK 22a. I certify that (I) Sow the decase obove. (I) (wo) (6) 22b. Sign PE 22d. PHYSICIAN'S N.	TION DERLYING CAUSE OF DEATH ALL EXAMINER) RED HILE CHIS hospita ed clive on did (did not) AME (TYPE ORP REMOVAL	196 COND 196 COND 216 TIME C HOUR A P. 21e PLACE (AT HOME, ST	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REEL, FACTORY, OFFICE, The deceased from OTHER death	DEATH BUT CONTROL OPERATION AY YEAR 19 FARM, ETC.)	216. HOW INJURY OCCUR 216. LOCATION STREET 216. LOCATION STREET 216. LOCATION STREET 217. LOCATION STREET 218. LOCATION STREET 219. LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJ CITY OR TO deoth occurred on the of the original physics of the	20b. IF YES, IN CERTIFY YES OWN date and hour AFF ICIAN T., 01 ne	WERE FINDING CAUSES TRI 1 OR PART 2) COUNTY 9 P 2 ond from the 22c. DATE 24 /	STAT STAT that (1) (wee couses state SIGNED My 20832
WEDICAL 230 BG	Cause (a), statir underlying cause PART. 2 OTHER SIGT 19a DATE OF O'' RA 21a, ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTHY MEDICAL MAT WOOK) 21d. INJURY OCCUR! WHILE NOTHY MEDICAL MAT WOOK NOT WAT WOOK NOT WAT WOOK 22a. 1 certify that (1) sow the decease obove, (1) (websicobove, (1) (websicobove, (1) (websicobove, (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	TION DERLYING CAUSE OF DEATH ALL EXAMINER) RED HILE CHIS hospita ed clive on did (did not) AME (TYPE ORP REMOVAL	19b COND 19b COND 21b TIME C HOUR A P. 21e PLACE (AT HOME, ST VIEW the body RINT) 23b. DATE	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REEL, FACTORY, OFFICE, The deceased from OTHER death	DEATH BUT CONTROL OPERATION AY YEAR 19 FARM, ETC.)	216. HOW INJURY OCCUR 216. LOCATION STREET 216. LOCATION STREET 216. LOCATION STREET 216. ADDRESS 226. ADDRESS 18111 Prince EMETERY OR CREMATORY	ZOO AUTOPSY? YES NO	206. IF YES, IN CERTIFY YES OWN 1000 ITEM 18, PA	COUNTY 9 P 2 Ond from the 22c. DATE 24 /	STATE

DHMH - 16 60M 1/75 (VR A 15 (4))

BP.

Account to a pital and a second	ynaio
feriged fures a recommendation of recommendation	Olney.
on H.D. 12111 Primes Philip Or., Otney, nd. 202	ffid .a_btoppd
Late 2/2 Decigio a sylant service de la constant de	